

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 2 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

*Stamper*  
State File No. **41590**  
Registrar's No. **481**

Registration District No. **274**

Primary Registration District No. **3052**

1. PLACE OF DEATH:

(a) County **PETTIS**  
(b) City or town **SEDALIA**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1101 E 11TH ST**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **41 yrs.** (Specify whether years, months or days)  
In this community **41 yrs.**

3. (a) PRINT FULL NAME **JAMES EDWARD WILSON**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **W.D.**  
6. (b) Name of husband or wife **SADIE** 6. (c) Age of husband or wife if alive **8** years  
7. Birth date of deceased **MAY 8 1866** (Month) (Day) (Year)

8. AGE: Years **80** Months **7** Days **18** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **IOWA** (City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business **MOP. SHOP**

12. Name **THOMAS J. WILSON**

13. Birthplace **OHIO** (City, town, or county) (State or foreign country)

14. Maiden name **MARGARET KENNEDY**

15. Birthplace **PA.** (City, town, or county) (State or foreign country)

16. (a) Informant **MRS. F. S. HEYNDERSON**

(b) Address **SEDALIA, MO**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **12-28-46** (Month) (Day) (Year)

(c) Place: burial or cremation **MEM. PARK**

18. (a) Signature of funeral director **Geo. Willard**

(b) Address **Sedalia, Mo.**

19. (a) **12-28-46** (Date received local registrar) (b) **Betty Yeager** (Registrar's signature)

(Licensed Embalmer's Stamp on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **PETTIS**  
(c) City or town **SEDALIA**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1101 E 11TH ST** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **26** year **1946** hour **10** minute **10P.** M.

21. I hereby certify that I attended the deceased from **DEC. 25**, 19**46**, to **DEC. 26**, 19**46**  
that I last saw him alive on **DEC 26**, 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis, chronic**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **dilatation of heart aorta**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **93D**

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury **0**

23. Signature **Gordon Hanfacker** (M. D. or other) **MO**

Address **Sedalia Mo** Date signed **12-27-46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

40403

RECEIVED

District Health Officer No. 8.

District file number

Date Filed 12-30-46

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sedalia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.