

FILED DEC 19 1946

Registration District No. 287

Primary Registration District No. 5980

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Polk
(b) City or town "Rural" Wishart Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Polk
(c) City or town "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1 Bolivar
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Cebert Wilson

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Betty Wilson 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May 26 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 5 26 hr. min.

9. Birthplace Polk County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name James Wilson

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

14. Maiden name Sis Hook

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

16. (a) Informant Murvy Wilson

(b) Address Bolivar, Mo.

17. (a) burial (b) Date thereof Nov. 25, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bnon Cemetery

18. (a) Signature of funeral director Turpin Funeral Home

(b) Address Bolivar, Mo.

19. (a) Nov. 25 '46 (b) Joe L. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1946 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Nov 23 1946 to Nov 23 1946
that I last saw him alive Nov 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

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) _____ (e) Means of injury 3

23. Signature Richard P. Carver (M. D. or other) _____
Address Bolivar, Mo. Date signed 11/23/46

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

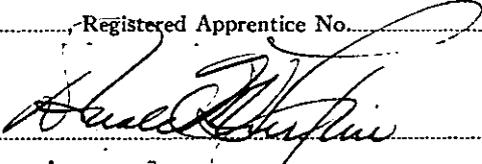
RECEIVED
DISTRICT HEALTH OFFICER NO. 7
12-16-46

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.....

working under my personal supervision.

.....Registered Apprentice No.....

Signed.....


.....Licensed Embalmer No..... 3053

.....P. O. Address..... Boliver, 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.