

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED DEC 31 1946

Registration District No. 291

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41684

Primary Registration District No. 598

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Putnam Co.

(b) City or town Worthington Elm

(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 Life (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo, County Putnam

(b) City or town Worthington

(c) Street No.

(d) Citizen of foreign country? (Yes or No)

If yes, name country.

3. (a) PRINT FULL NAME James Terry Wilson

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex M Color or race W

5. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive

7. Birth date of deceased Dec. 18 1946

(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 17

If less than one day hr. min.

9. Birthplace Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Fur Trapper and Fisher

11. Industry or business

12. Name Alfred Wilson

13. Birthplace Unknown

(City, town, or county) (State or foreign country)

14. Maiden name Chalotta Appledith

15. Birthplace Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Wilson

(b) Address Worthington Mo.

17. (a) Burial (b) Date thereof 12-18-1946

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Home

18. (a) Signature of funeral director F.O. Husted & son

(b) Address Unionville Mo.

19. (a) 12-28-46 (b) Marvell Durham

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18

year 1946 hour 10:20 minute P.M.

21. I hereby certify that I attended the deceased from Dec 18 1946 to Dec 18 1946

that I last saw him alive on Dec 18 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Shock

Duration: 2 Days

Due to: Cerebral Shock

Due to: Depression of eye

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

Major findings: Of operations: A4

Of autopsy

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

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

23. Signature: [Signature] Address: [Address] Date signed: 12-28-46

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

RECEIVED
District Office No. 10
District Office 12-16-2933
DEC 30 1946

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..... *J. O. Husted*

Licensed Embalmer No. *2975*

P. O. Address *Unionville*

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.