

S. No. 2
M-8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5804**
Registrar's No. **28**

Registration District No. **290**

Primary Registration District No. **4427**

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Waynesville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **DeWitt Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 day** (Specify whether)
In this community **60 years** (years, months or days)

3. (a) PRINT
FULL NAME

Lewis H. 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 **Married**

6. (b) Name of husband or wife
Minnie Wilson

6. (c) Age of husband or wife if
alive **65** years

7. Birth date of deceased **8**
(Month)

25
(Day)

1872
(Year)

8. AGE:

Years

Months

Days

If less than one day

75

5

17

hr. min.

9. Birthplace

Tennessee

10. Usual occupation

Farmer

11. Industry or business

12. Name **Unknown**

13. Birthplace

Unknown

14. Maiden name **Unknown**

15. Birthplace

Unknown

16. (a) Informant **Mr. Dorsey Wilson**

(b) Address **Dixon, Missouri**

17. (a) **Burial**

(b) Date thereof **3/11/1947**

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation **Hughes Chapel**

18. (a) Signature of funeral director **Fred H. Gilbert**

(b) Address **Dixon, Missouri**

19. (a) **3/12/47**

(b) **Lewis H. Wilson**

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Maries**
(c) City or town **Rural Dry Creek Township**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **8**
year **1947** hour **11** minute **13 P.M.**

21. I hereby certify that I attended the deceased from

3-7 19**47** to **3-8** 19**47**

that I last saw him alive on **3-8**
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage

Due to

Skull fracture

Due to

hyperextension

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

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

Accident 85

(b) Date of occurrence

3-5-47

(c) Where did injury occur?

at Wilson's Pulaski Mo.

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

Trucking accident Barre

(Specify type of place)

While at work?

(e) Means of injury

fall

Signature

Address

C. B. Shelly
Waynesville

(M. D. or other)

Date signed **3-12-47**

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.....

3/8/47
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Fred M. Diller

Licensed Embalmer No..... 2341.....

P. O. Address..... Dixon, Missouri.....

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.