

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

**FILED APR 8 1947**

Registration District No. **210**

Primary Registration District No. **4322**

Registrar's No. **22**

**1. PLACE OF DEATH:**

(a) County Mercer

(b) City or town Princeton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Axtell Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days  
(Specify whether years, months or days)

In this community 6 Years  
(years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Mercer

(c) City or town Princeton  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Edward R. Wilson

3. (b) If veteran, name war No

3. (c) Social Security No. 524-09-5553

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month March 25 day, year 1947 hour 12 minute 58 P. M.

**21. I hereby certify that I attended the deceased from** March 6, 1947 to March 25, 1947; that I last saw him alive on March 25, 1947; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

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

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased March 30 1864  
(Month) (Day) (Year)

Immediate cause of death congestive heart failure

Due to chronic myocarditis

Other conditions (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>11</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Mercer Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Major findings:  
Of operations \_\_\_\_\_

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

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

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name Green Wilson

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

14. Maiden name Lucy Rogers

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

16. (a) Informant Mrs. Alice Wilson

(b) Address Princeton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Underwood Ceme.

**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? \_\_\_\_\_

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

(b) Address Princeton, Mo.

19. (a) 3-27-47 (Date received local registrar) (b) Evan Martin (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature Evan Martin (M. D. or other) NO.

Address Princeton, Mo. Date signed 3-26-47

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

JUN 11 1947

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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

*H. Ivan Martin*

Licensed Embalmer No.

*3760*

P. O. Address

*Pine Bluff, 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.