

S. No. 2  
-12-45  
5-17-39  
PI X47070

FILED APR 10 1947

Registration District No. 243

Primary Registration District No. 3047

Registrar's No. 34

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

1. PLACE OF DEATH:

(a) County NEWTON

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

(c) Name of hospital or institution;  
SALE MEMORIAL 0  
(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

3. (a) PRINT FULL NAME FLOYD COLLINS WILSON JR.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALED 5. Color or race WHITE

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased AUGUST 19, 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

8 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace OKLAHOMA CITY OKLAHOMA  
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

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

MOTHER FATHER

12. Name FLOYD COLLINS WILSON I

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

14. Maiden name MARCEL NORRIS DUNKAM

15. Birthplace SOUTHWEST CITY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd P. Wilson

(b) Address OKLAHOMA CITY OKLA.

17. (a) Burial (b) Date of OKLA.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OKLAHOMA CITY

18. (a) Signature of funeral director Charles Thompson

(b) Address Neosho Mo.

19. (a) April 1, 1947 (b) Melvin C. Borman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State OKLAHOMA (b) County OKLAHOMA

(c) City or town OKLAHOMA CITY 34  
(If outside city or town limits, write "RURAL")

(d) Street No. 329 S.E. 55th St. 0  
(If rural, give location) 2

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 31  
year 1947 hour 7 minute a. M.

21. I hereby certify that I attended the deceased from 23 MARCH 1947 to 31 MARCH 1947  
that I last saw him IM alive on 31 MARCH 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHOPNEUMONIA 15 DAYS  
107

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

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)

Means of injury \_\_\_\_\_

23. Signature R. J. Taylor (M. D. or other) MD

Address Neosho Mo. Date signed 1 April 47

**RECEIVED**

District Health Officer No. Newton  
District File Number 44-2-67  
Date Filed 4-8-47

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

Signed Coley Thompson  
Licensed Embalmer No. 3259  
P. O. Address Newark 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.