

FILED JUN 30 1947

Registration District No. **9**

Primary Registration District No. **3052**

Registrar's No. **218**

1. PLACE OF DEATH:  
(a) County **Pettis**  
(b) City or town **Sedalia**  
(c) Name of hospital or institution: **Bathwell Hosp.**  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution **1 day**  
In this community **5 years**  
years, months or days

3. (a) PRINT FULL NAME **William Amos Wilson**  
3. (b) If veteran, **-** name war **-**  
3. (c) Social Security No. **-**

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **-** years  
7. Birth date of deceased **June 10, 1893**  
(Month) (Day) (Year)

8. AGE: Years **54** Months **-** Days **7**  
If less than one day hr. **-** min. **-**

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

10. Usual occupation **Farm Labor**

11. Industry or business **-**

MOTHER FATHER { 12. Name **Calvin Wilson**  
13. Birthplace **Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Virginia Ford**  
15. Birthplace **Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Flora Belle Collins**  
(b) Address **2400 So. Ingram**

17. (a) **Burial** (b) Date thereof **6-19-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **M. Laughlin Bros.**  
(b) Address **519 So. 2nd Sedalia Mo**

19. (a) **6-19-47** (b) **Betty Yeager**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Pettis**  
(c) City or town **Sedalia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural**  
(If rural, give location)  
(e) Citizen of foreign country? **-** (Yes or No)  
If yes, name country **-**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **17**  
year **1947** hour **8:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 15** to **June 17, 1947**  
that I last saw him alive on **June 17, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Tuberculosis**  
Due to **Infection**

Due to **-**

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

Major findings: **12**  
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 **-**  
23. Signature **J. O. Suavely** (N. P. or other)  
Address **Sedalia Mo** Date signed **6/18/47**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-27-47

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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.....

*K P M Laary*

Licensed Embalmer No. 3153

P. O. Address. Sedalia, 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.