No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 12 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34296

Registration District No. 737 | Primary Registration District No. 5517 | Registrar's No. 226

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Calhoun Mo RR 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Tebo Trip 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Henry 42
(c) City or town: Calhoun Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No.: RR #1 Tebo Trip 0
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: D.A. (Dock) Wilson
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Marr
6. (b) Name of husband or wife: Lithia Wilson
6. (c) Age of husband or wife if alive: 83 years
7. Birth date of deceased: Dec (Month) 20 (Day) 1861 (Year)

8. AGE: Years 85 | Months 10 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace: Ky (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER
12. Name: Andrew Wilson
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Osso Frona Chitwood
15. Birthplace: Virginia (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Forest Foster
(b) Address: Clinton Mo RR
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Englewood
18. (a) Signature of funeral director: Conaway & Cox
(b) Address: Clinton Mo
19. (a) 11-1-47 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31 year 1947 hour 11:35 minute a. M.

21. I hereby certify that I attended the deceased from September 21, 1947 to October 31, 1947 that I last saw him alive on October 30, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Due to: Generalized atherosclerosis with hypertension
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 89
Of autopsy:

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place) 2
While at work? (e) Means of injury:

23. Signature: Edward Barnett M. D. (M. D. or Coroner)
Address: Clinton, Mo Date signed: 11/1/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-42-1280
Date Filed 11-4-42

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. E. Gonzales

Licensed Embalmer No. 1891

P. O. Address Clinton 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.