

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

FILED OCT 29 1947 **334**

Registration District No. \_\_\_\_\_ Primary Registration District No. **6117** Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County **Scott**  
 (b) City or town **Diehlstadt**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**None**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) **2 years**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Scott**  
 (c) City or town **Diehlstadt**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **None**  
(If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Lawrence Clayton Wilson**  
 3. (b) If veteran, name war **No.** 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 **Catherine Irene Wilson**  
 6. (c) Age of husband or wife if alive **32** years  
 7. Birth date of deceased **September 1, 1907**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **August** day **8th**  
 year **1947** hour **4:00** minute **30 P.M.**  
 21. I hereby certify that I attended the deceased from **July 6, 1947** to **July 8, 1947**  
 that I last saw him alive on **July 8, 1947**  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>39</b>	<b>11</b>	<b>7</b>	hr. _____ min. _____

Immediate cause of death **Coronary thrombosis with occlusion**  
 Duration **2 days**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **94A**  
(Include pregnancy within 3 months of death)

9. Birthplace **Warm Springs, Arkansas**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Jeweler**  
 11. Industry or business **Jewelry Shop**  
 12. Name **Louis Wilson**  
 13. Birthplace **Siloam, Arkansas**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Evelyn Mock**  
 15. Birthplace **Mock, Arkansas**  
(City, town, or county) (State or foreign country)  
 16. (a) Informant **Mrs. Catherine Wilson**  
 (b) Address **Diehlstadt, Missouri**  
 17. (a) **Burial** (b) Date thereof **8-10-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Waynard, Ark. Cemetery**  
 18. (a) Signature of funeral director **John P. Fenton**  
 (b) Address **Charleston, Missouri**  
 19. (a) **8-21-47** (b) **Wise**  
(Date received local registrar) (Registrar's signature)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
 Major findings: \_\_\_\_\_  
 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? \_\_\_\_\_  
 Means of injury \_\_\_\_\_  
 23. Signature **W. P. Fenton** (M.D. or other) \_\_\_\_\_  
 Address **Wya H Mo** Date signed **8-9-47**

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

MOTHER FATHER

RECEIVED

District Health Office, No.

District File Number 10-1-13

Date Filed 10-28-4

OCT 30 1944

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 Joe R. Nunnelee

Licensed Embalmer No. 4413

P. O. Address Charleston, 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.