

FILED NOV 19 1947

Registration District No. 72

Primary Registration District No. 3034

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Lafayette County  
(b) City or town Higginville, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Higginville,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2413 Lipper Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jerry M. Wilson

3. (b) If veteran, name war \_\_\_\_\_ 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 Ona May Wilson 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased March 6 1881  
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 6 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Benton County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer (Sexton Cemetery)

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

MOTHER FATHER { 12. Name J. W. Wilson  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Ella Goodwin  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. A. Angle  
(b) Address Higginville, Missouri

17. (a) Burial (b) Date thereof 11/14/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Higginville,

18. (a) Signature of funeral director [Signature]  
(b) Address Higginville, Missouri

19. (a) Nov 14-47 (b) Clayton H. Landrum  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12  
year 1947 hour 11 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Nov. 12  
1947 to Nov. 12, 1947  
that I last saw him alive on Nov. 12 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism Duration \_\_\_\_\_  
Thrombosis

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

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

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

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

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

22. If death was due to external causes, fill in the following:

(c) 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 Leon K. [Signature] (M.D. or other) D.O.  
Address Higginville, Mo Date signed 11-12-47

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 11-18-47

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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 *Anna A. Rickhoff*

Licensed Embalmer No. 4284

P. O. Address Higginsville, Missouri

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.