

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38889

State File No.

Registrar's No.

FILED DEC 4 1947

Registration District No. 207

Primary Registration District No. 4219

1. PLACE OF DEATH:

(a) County Maries  
(b) City or town Belle  
(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  
In this community entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Reuben Valentine Wilson

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Males 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sibbie Wilson 6. (c) Age of 66 years alive 1877

7. Birth date of deceased Feb (Month) 9 (Day) 1877 (Year)

8. AGE: Years 70 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Osage County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business

12. Name Nerad Wilson

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

14. Maiden name Cynthia Rogers

15. Birthplace Maries County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Jennet Oliver

(b) Address Belle Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 21 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty - Belle - Mo

18. (a) Signature of funeral director Sassman's Funeral Service

(b) Address Belle Mo.

19. (a) 11-29-47 (Date received local registrar) (b) Pauline Hawes (Registrar's signature) 1947

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 63  
(c) City or town Belle 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1947 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from Oct. 30, 1947 to Nov. 18, 1947; that I last saw him alive on Nov. 17, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Left Hemiplegia Due to Intracranial Hemorrhage On Hypertensive Basis Duration 2 1/2 wks

Due to

Due to

Other conditions Advanced Arteriosclerosis 5 yrs. (Include pregnancy within 3 months of death)

Major findings: Of operations 8317

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) (c) Means of injury

23. Signature Pauline Hawes (M. D. or other)

Address Quincyville, Mo. Date signed 11-13-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 12-3-47

DEC 5 1947

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 *Arthur S. Sessman*  
Licensed Embalmer No. *4178*  
P. O. Address *Bland, 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.