

FILED NOV 24 1947

Registration District No. _____

Primary Registration District No. 6032

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

1. PLACE OF DEATH: Ripley

(a) County Douglas mo.

(b) City or town Douglas mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Highway #14 1 mi North of
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 91

(c) City or town Oxly
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) no.

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Rainey L. Wilson

3. (b) If veteran, name war _____

3. (c) Social Security No. not available

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30. year 1947 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Janice Wilson 6. (c) Age of husband or wife if alive 20. years

7. Birth date of deceased March 19, 1919
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>5</u>	<u>21</u>	hr. _____ min. _____

auto collision

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Taylor Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John W. Wilson

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

14. Maiden name Braude Dowell

15. Birthplace unknown
(City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify) accident 091

(b) Date of occurrence aug 30-47

(c) Where did injury occur? Ripley mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 14-1 mile N. of Ripley
(Specify type of place)

While at work? no (e) Means of injury auto collision

23. Signature J. E. Johnston (M. D. or other) _____

Address Douglas Date signed 9/22/47

16. (a) Informant Janice Wilson

(b) Address Oxly mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cent.

18. (a) Signature of funeral director J. W. Edwards

(b) Address Douglas mo.

19. (a) 10-23-47 (Date received local registrar) (b) J. E. Johnston (Registrar's signature) 6032

RECEIVED

District Officer No. 5,

District No. 114 76 72

Date Filed 11-22-77

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 Vernon Johnson

Licensed Embalmer No. 4271

P. O. Address Douglas, 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, facts should be so stated above.