

1. PLACE OF DEATH

(a) County Jackson
 (b) City or town Greenwood
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 Blocks S.E. of Post Office
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 2.5 yrs (Wild)
years, months or days)

3. (a) PRINT FULL NAME William Sherman Wild

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

4. Sex no 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jennie Wild 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased 3-6-1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 9 6 hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business grocery store

12. Name Wm Wild

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

14. Maiden name Carolyn Wattey

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

16. (a) Informant Mrs Jennie Wild

(b) Address Greenwood mo

17. (a) Burial (b) Date thereof 12-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood mo

18. (a) Signature of funeral director D.B. Langford

(b) Address Sea Summit mo

19. (a) 12-15-47 (b) Donald C. Earnshaw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson
 (c) City or town Greenwood
(If outside city or town limits, write "RURAL")
 (d) Street No. 2 Blocks S.E. of Post Office
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 13, year 1947 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 26, 1946, to Dec. 12, 1947, that I last saw him alive on Dec. 12, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 2 yr.

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: ADP
 Of operations _____

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)
 (e) Means of injury 0

23. Signature Clint Miller MD or other _____

Address Sea Summit mo Date signed 12-13-47

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

MOTHER FATHER

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 *W.B. Langford*

Licensed Embalmer No. *2833*

P. O. Address *Lees Summit*

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.