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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Hall 903 U

State File No.

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 912 N. Main St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Henry 42
(c) City or town Clinton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 912 N. Main St. 20
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Percy (Percy) Wilson
3. (b) If veteran, name war —
3. (c) Social Security No. 490-05-8348

4. Sex M 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 3 (Month) 9 (Day) - 1889 (Year)

8. AGE: Years 58 Months 9 Days 26 If less than one day hr. min.

9. Birthplace Clinton, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Hotel Porter
11. Industry or business
FATHER
12. Name Louis Wilson
13. Birthplace Henry Co. Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Frances L Robinson
15. Birthplace Henry Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Corriene Stevenson
(b) Address Clinton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton Colored Cemetery
18. (a) Signature of funeral director Fred E. Williams
(b) Address Clinton Mo.
19. (a) 1-7-48 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 5 year 1948 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 20, 1947 to 1/5/1948 that I last saw him alive on 1/5/1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	immediate
Due to	
Due to	
Other conditions Cancer of Stomach (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. R. S. Hallinquant (M. D. or other)
Address Clinton Mo. Date signed 4/6/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-47-2069
Date Filed 1-12-48

FEB 26 1948

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 Fred E Wilkinson Jr. Registered Apprentice No. 434 working under my personal supervision.

Signed Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.