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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 11 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7509

Registration District No. 326

Primary Registration District No. 4483

Registrar's No. 326

1. PLACE OF DEATH:

(a) County Scotland
(b) City or town Near Rutledge, Mo.
(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 Kansas (b) County Miami
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 118 Walnut
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paul R. Wilson

3. (b) If veteran, name war World war #2 3. (c) Social Security No. 722-07-0984

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 7 1925
(Month) (Day) (Year)

8. AGE: Years 22 Months 7 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Tontano Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business J.L. Cox Construction Co

12. Name Robert L. Wilson

13. Birthplace Yates Center Kan.
(City, town, or county) (State or foreign country)

14. Maiden name Emma Ewing

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

16. (a) Informant Eugene Wilson

(b) Address Osawatomie, Kan.

17. (a) Removal (b) Date thereof Jan. 21 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director George V. Bickett
(b) Address 9 Wyconda, mo

19. (a) 1/22/1948 (b) MOE E Purvash MD
(Date received local registrar) (Registrar's signature) 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1948 hour 2 minute 0 P. M.

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

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

Immediate cause of death: Truck crashed on bridge body crushed.
Due to: no engineer was held

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: 99
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

23. 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 3

23. Signature PA Balar (M. D. or other) Coroner
Address Monks mo Date signed 1/21/48

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

79
0
0

14
0
2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAR 12 1948

RECEIVED
District Health Officer No. 10
District File Number 3-48-474
MAR 10 1948
Date Filed

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.....

Geo. V. Basket

Licensed Embalmer No.....

1817

P. O. Address.....

Wynona, m

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. March
Registrar's No. 324

Registration District No. 326

Primary Registration District No. 4483

1. PLACE OF DEATH:
(a) County Scotland rural
(b) City or town Scotland rural
(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

3. (a) PRINT FULL NAME Paul R Wilson
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex M 5. Color of race W
6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 7 1920
(Month) (Day) (Year)

8. AGE: Years 22 Months _____ Days _____ (Less than one day) _____ min.

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 20
year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed by fire line truck
crashed onto bridge
truck burned up
burned driver
Due to _____
Due to _____
Other conditions no request
(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:
(a) Accident, suicide, or homicide (specify) accident
(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 OTR Baker (M. Doctor) Corona
Address Maneplus 280 Date signed 2/2/48

W.D. 1948
PERMANENT RECORD
SUPPLEMENTARY

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

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

1948

8-17579