S. No. 2
I—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 10 1948

Registration District No. 267

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5906

State File No. 13580

Registrar's No. 42

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Wardell Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little River Twp
(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 Missouri (b) County Pemiscot 78
(c) City or town Wardell Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emerson I. Wilson
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thelma Wilson
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased March (Month) 28, (Day) 1883 (Year)

8. AGE: Years 65 | Months 0 | Days 18 | If less than one day hr. min.

9. Birthplace Gipson, Co., (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business X
FATHER
12. Name James Wilson
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Hunt
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Thelma Wilson
(b) Address Wardell, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Bertrageville, Mo.
18. (a) Signature of funeral director H.S. Smith Funeral Home
(b) Address Caruthersville, Mo.
19. (a) 5-6-48 (Date received local registrar) (b) John W. Herman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month april day 16 year 1948 hour 5 minute 15 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.

	Duration
Immediate cause of death Gun Shot wound in heart	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No
Of autopsy No

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) homicide
(b) Date of occurrence 4-16-48
(c) Where did injury occur? Pemiscot (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)
While at work? Yes (e) Means of injury 3
23. Signature Jack Kelly Coroner (Mr. Dr. or other)
Address Hayti Mo Date signed 4-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

5-48-155

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 James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Cawthersville, 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.