S. No. 300
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ev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15862

Registration District No. 98

Primary Registration District No. 5370

Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town "Rural" Union Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 Miles North Gallatin, Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 42 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

(c) City or town "Rural" Union Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Miles North Gallatin, Mo. 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Russell Turner Wilson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Emma Wilson

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March (Month) 3 (Day) 1873 (Year)

8. AGE: Years 75 Months 1 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Mercer County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General Farming

FATHER
12. Name Sylvester Wilson 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary George
15. Birthplace Unknown (City, town, or county) Tennessee 1 (State or foreign country)

16. (a) Informant Mrs. Emma Wilson
(b) Address Gallatin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Missouri

19. (a) 20 May 1948 (Date received local registrar) (b) Virginia M Engelhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1948 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from 17 April, 1948, to 21 April, 1948; that I last saw him alive on 20th April, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure — Duration 10

Due to Cardio Vascular Renal Failure — 15 Months

Due to

Other conditions (Include pregnancy within 3 months of death) 3 10

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Tamosa Mo. Date signed 5/17/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 L. O. Dickerson

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.