S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16167

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains
(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 entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howell
(c) City or town Brandsville 46
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME Chas. E. Wilson
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Sarah E. Wilson
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased 10-15-1874 (Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Cureall Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired Land Contractor
11. Industry or business
FATHER
12. Name W. A. Wilson
13. Birthplace Ky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Minerva A. Robertson
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Arch O. Wilson
(b) Address Brandsville, Mo.
17. (a) B (Burial, cremation, or removal) (b) Date thereof 2/18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Union Hill
18. (a) Signature of funeral director Robertsons
(b) Address West Plains, Mo.
19. (a) May 11-1948 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 279

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14 year 1948 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb. 11, 1948, to Feb. 14, 1948; that I last saw him alive on Feb. 13, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death gastric carcinoma with hemorrhage	2 yrs,
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46B	
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 0

23. Signature A. Thornburgh (M. D. ~~XXXX~~)
Address West Plains, Mo. Date signed 2/18/48

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

RECEIVED 5-11-48
District Health Officer No. 6
District File Number 5-48-33
Date Filed 5-21-48

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 R. J. Rego, Registered Apprentice No. 431, working under my personal supervision.

Signed D. S. Roberts

Licensed Embalmer No. 3437

P. O. Address Silver Hill, Md.

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.