

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

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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED JUL 30 1948**

U.S. DEPARTMENT OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **22462**  
Registrar's No. **67**

Registration District No. **58** Primary Registration District No. **5792**

**1. PLACE OF DEATH:**  
(a) County **Carroll**  
(b) City or town **Rural, Columbus Twp**  
(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 **Life** years, months or days (Specify whether)

**3. (a) PRINT FULL NAME** **PALMER KNIGHT WILSON**  
**3. (b) If veteran** name war **World War II** **3. (c) Social Security No.**  
**4. Sex** **MO** **5. Color or race** **W** **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** **Jan. 20 1924**  
(Month) (Day) (Year)

**8. AGE:** Years **24** Months **6** Days **2** If less than one day hr. min.

**9. Birthplace** **Carroll Co. Mo.** (City, town, or county) (State or foreign country)  
**10. Usual occupation** **Construction Laborer**

**11. Industry or business**  
**12. Name** **Giff R. Wilson**  
**13. Birthplace** **Carroll Co. Mo.** (City, town, or county) (State or foreign country)  
**14. Maiden name** **Winnie Williams**  
**15. Birthplace** **Carroll Co. Mo.** (City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Winnie Crank**  
**(b) Address** **Bosworth Mo.**  
**17. (a) Burial, cremation, or removal** **Burial** **(b) Date thereof** **7-24-48**  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** **Oak Hill Cem.**

**18. (a) Signature of funeral director** **Stanley Gibson**  
**(b) Address** **Carrollton Mo.**  
**19. (a) 7/24/48** **(b) Mr. Herbert Albert**  
(Date received local registrar) (Registrar's signature) **U.S.**

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Mo.** (b) County **Carroll**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4 mi So. of Bosworth**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **July** day **22**  
year **1948** hour **37** minute **00 P.** M.  
**21. I hereby certify that I attended the deceased from** **Coroner, Mo.** 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Internal Injuries of the chest.** Duration \_\_\_\_\_  
Due to **a car driven by Palmer Knight Wilson when the car collided with barrier of bridge over by creek south of town 1/2 mi**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
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) **Accident 17**  
(b) Date of occurrence **July 22 - 1948**  
(c) Where did injury occur? **Carroll Mo.** (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public road**  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
**23. Signature** **Charles Keith** (M.D. or other) **Coroner**  
Address **Carrollton Mo.** Date signed **7/23/48**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-28-48

FEB 17 1949

U.S. DEPT. OF HEALTH

1351  
3-2-48

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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton Va

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.