FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22888

Primary Registration District No. 2000

Registrar's No. 567

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2156 N. Summit 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Ephrifan Franklin Wilson
3. (b) If veteran, name war no
3. (c) Social Security No. 500-10-1513
4. Sex m 0
5. Color or race W
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife Martha Frances
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 12 (Day) 1868 (Year)

8. AGE: Years 80 Months 3 Days 28 If less than one day hr. min.

9. Birthplace Stone County (City, town, or county) (State or foreign country)
10. Usual occupation Ret. Farmer
11. Industry or business Ret. Farmer

FATHER
12. Name John Wilson
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruth Maples
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Ephrifan F. Wilson
(b) Address 2156 N. Summit
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cem.
18. (a) Signature of funeral director J. W. Klingner
(b) Address Springfield, Mo.
19. (a) 7-15-48 (Date received local registrar) (b) W. S. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1948 hour 2 minute 30 a.m.

21. I hereby certify that I attended the deceased from July 8, 1948, to July 10, 1948, that I last saw him alive on July 9, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	2 days
Due to Arteriosclerotic Cardio-vascular-renal disease	20 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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

23. Signature Thomas S. Harrington (M. D. or other)
Address City Health Dept. Springfield, Mo. Date signed 7/10/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.