

No. 2
-1/47
-17-39

FILED AUG 25 1948

Registration District No. **114**

Primary Registration District No. **486**

Registrar's No. **77**

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

1. PLACE OF DEATH:

(a) County **FRANKLIN**

(b) City or town **SULLIVAN**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Yr.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **FRANKLIN** **36**

(c) City or town **SULLIVAN** **40**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **NO.** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM O. WILSON**

3. (b) If veteran, No. _____ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Lula Wilson** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **March 3, 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 5 15 hr. min.

9. Birthplace **Champion City, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Farming**

12. Name **James Wilson**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Miller**

15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Raymond Wilson**

(b) Address **Union, Missouri**

17. (a) **Burial** (b) Date thereof **Aug 21, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Coral, Missouri**

18. (a) Signature of funeral director **Wm. P. Hoffman**

(b) Address **Sullivan, Missouri**

19. (a) **8-20-48** (b) **W. Hoffman**
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **18**
year **1948** hour **8** minute **20** P. A. M.

21. I hereby certify that I attended the deceased from **July 15**, 19**48**, to **July 18**, 19**48**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral thrombosis 10 days**

Due to **Coronary thrombosis 2 yrs**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **OHV**

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)

(e) While at work _____ (e) Mean of injury _____

23. Signature **Wm. P. Hoffman** (D. or other) **Pa**

Address **Bourbon, Mo** Date signed **8/20/48**

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed AUG 24 1948

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

Edgar W. Sullivan

Licensed Embalmer No.

3394

P. O. Address

Sullivan, 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.