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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35940

State File No. \_\_\_\_\_

Registration District No. 70

Primary Registration District No. 5275

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Present - Rural  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23

(c) City or town where Rural 3  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 3

(e) Citizen of foreign country? No. (Yes or No) 3

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARCUS LANDING WILSEY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife La. May Parsons 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 29, 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>9</u>		hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29 year 48 hour 5 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 7-1-48 19\_\_\_\_, to 10-29-48 19\_\_\_\_; that I last saw him alive on 10-29-48 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Senility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 930

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

9. Birthplace Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business \_\_\_\_\_

12. Name William Henry Wilsey

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

14. Maiden name Sarah Johnson

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

16. (a) Informant Mrs. Garnett Butler  
(b) Address R. 2, Eureka, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Sand Cemetery

18. (a) Signature of funeral director Guthrie  
(b) Address Kahoka, Missouri

19. (a) 11-16-48 (Date received local registrar) (b) J. Bridges (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature W. Fleming M. D. or other DO  
Address Kahoka Date signed 11-6-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 70

District File Number 11-48-2001

Date Filed NOV 23 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 Oliver L. Lyttling

Licensed Embalmer No. 29659

P. O. Address Peru

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.