

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36040**

FILED DEC 7 1948 8

Registration District No. _____

Primary Registration District No. 41165

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Gallatin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Adams Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town "Rural" Monroe Township
(If outside city or town limits, write "RURAL")
(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 Dale Wilson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
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 November 20 1948
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>3 hr. 30 min.</u>

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

10. Usual occupation Nil

11. Industry or business Ernest Wilson

12. Name Ernest Wilson
13. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Varshe Evans
15. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Wilson
(b) Address Lock Springs, Mo.

17. (a) Burial (b) Date thereof 11-20-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lick Fork Cemetery
18. (a) Signature of funeral director Hope Funeral Home

(b) Address Gallatin, Missouri

19. (a) 29 Nov. 1948 (b) Phlegina M. Engubert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1948 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from November 20 1948
that I last saw him alive on November 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
1) Pneumonia
2) Hemorrhagic disease of the New born
cause undetermined

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 15

Of autopsy _____

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 _____

23. Signature Charles Boyer M.D.
Address Gallatin Mo Date 2 Nov 48

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

P. C. Dickerson

Licensed Embalmer No.

3302

P. O. Address

Fall River, 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.