

No. 300
-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37126**

FILED NOV 23 1948
Registration District No. **136**

Primary Registration District No. **2001**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution: **Freeman Hospital**
(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)

In this community **35 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

(c) City or town **Webb City** **6**
(If outside city or town limits, write "RURAL")

(d) Street No. **15 North Webb** **2**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **1**

If yes, name country _____

3. (a) PRINT FULL NAME **Edwin M. Wilson**

3. (b) If veteran, name war **no**

3. (c) Social Security No. _____

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

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 9 1884**
(Month) (Day) (Year)

8. AGE: Years **64** Months **5** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **Iron County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Barber**

11. Industry or business _____

MOTHER FATHER { 12. Name **James Wilson**

13. Birthplace **no data Miss.**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Minger**

15. Birthplace **no data**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dau. Mrs. Geo. Johnson**

(b) Address **Joplin, Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **11/18/48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery Hedge-Lewis**

18. (a) Signature of funeral director _____

(b) Address **Webb City Mo.**

19. (a) **11-19-48** (Date received local registrar) (b) **Edw. James** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **16** year **1948** hour **6:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **Nov 16/48** to **Nov 17/48** that I last saw him alive on **11-16-48** and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral hemorrhage

Due to **hypertension & arteriosclerosis unknown**

Due to **age**

Other conditions **myocardial infarct**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **none**

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) _____

(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)

Means of injury _____

23. Signature **J. H. Parney** (M. D. or other) _____

Address **Joplin, Mo.** Date signed **11/18/48**

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 Edward J. Lewis

Licensed Embalmer No. 4561

P. O. Address Walla City, W.

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.