V. S. No. 300
50M—10-47
Rev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 22 1948
Registration District No. 1

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6036

State File No. 37746 Johnson
Registrar's No. 2350

1. PLACE OF DEATH:

(a) County Ripley (Shirley Twp.)
(b) City or town Doniphan (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 91
(c) City or town Doniphan Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM H. WILSON

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

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Hattie
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June (Month) 5 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	4	22	hr. min.

9. Birthplace Doniphan (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business "

FATHER
12. Name Wash Wilson
13. Birthplace Unknown (City, town, or county) Georgia (State or foreign country)

MOTHER
14. Maiden name Frances Jones
15. Birthplace Unknown (City, town, or county) Georgia (State or foreign country)

16. (a) Informant Ellen Jones
(b) Address Doniphan, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Wilson Cemetery
18. (a) Signature of funeral director L. W. Edwards
(b) Address Doniphan Mo.
19. (a) 11-2-48 (Date received local registrar) (b) E B Johnston (Registrar's signature) TAA

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month October day 27
year 1948 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from October 12, 1948, to October 27, 1948;
that I last saw him alive on 26 October, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 830	
Of autopsy	

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature Frank C. Johnson (M. D. or other) M.D.
Address Doniphan, Mo Date signed 10/29/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-16-48
District Health Officer No. 5,
District File Number 11487-6
Date Filed 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 Carl B. Bird

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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.