

FILED DEC 7 1948

Registration District No. **370** Primary Registration District No. **6258**

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

1. PLACE OF DEATH:
 (a) County Wayne
 (b) City or town Greenville RURAL
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St. Francis Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Wayne
 (c) City or town Greenville
(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 HOWARD WILSON
 3. (b) If veteran, _____ name war _____
 3. (c) Social Security No. 429-142748

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 25
 year 1948 hour 8 minute P. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, Divorced
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased FEB. 4 1914
(Month) (Day) (Year)

Immediate cause of death Neurosubage
 Due to severance of Basilar artery
 Due to Car accident
 Other conditions none
(Include pregnancy within 3 months of death)

8. AGE: Years 34 Months 9 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace BUTLER CO. MO. D
(City, town, or county) (State or foreign country)

10. Usual occupation MARINIST
 11. Industry or business CONSTRUCTION

12. Name JAMES DAVID WILSON I

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

14. Maiden name KRUE MERIDITH

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

16. (a) Informant ED. WILSON

(b) Address Greenville Mo

17. (a) BURIAL (b) Date thereof 11 28 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carola Cemetery

18. (a) Signature of funeral director J. P. Marshall
 (b) Address Greenville Mo.

19. (a) Dec 4-48 (b) Marshall Beasley
(Date received local registrar) (Registrator's signature)

Major findings: Of operations _____
 Of autopsy none 1906
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) accident III
 (b) Date of occurrence Nov 25 - 1948
 (c) Where did injury occur? Greenville Wayne Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on U.S. Hwy 67
(Specify type of place)
 While at work no (e) Means of injury automobile
 23. Signature J. P. Marshall (M. D. or other) _____
 Address Greenville Mo Date signed 11/24/48

RECEIVED

Health Officer No. 4
Number 1248-1571
12-6-48

JM 12 9 17 8

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.....

me

Registered Apprentice No.....

working under my personal supervision.

Signed *Fred S. Marshall*

Licensed Embalmer No. *4601*

P. O. Address *Guinnville*

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.