

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42259

FILED DEC 21 1948

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 185

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada Hospital 0
(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 1 years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME August Walter Wilson

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex M 5. Color or race W 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: Jan. 8 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 24 hr. min.

9. Birthplace Bates County Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business _____

MOTHER FATHER

12. Name Daniel Wilson
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Mary E. Moler
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Millie Bever
(b) Address Girard, Kansas

17. (a) burial (b) Date thereof Dec. 4 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harwood Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Harwood, Missouri

19. (a) 12-7-48 (b) Nathum Sprucey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 107
(c) City or town Harwood 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2 1948
year 1948 hour 9 minute 53 A.M.

21. I hereby certify that I attended the deceased from Nov. 30 1948 to Dec. 2 1948
that I last saw him alive on December 2 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Septic Cardiac failure Duration 1 da

Due to Pneumonia Bronchopneumonia
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations no Of autopsy no
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) (c) Means of injury 0

23. Signature [Signature] (M. D. or other) M. D.
Address Nevada, Missouri Date signed 12/3/48

RECEIVED

District Health Officer No. 7

District File Number 11-28-144

Date Filed 12-20-48

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 *[Handwritten Signature]*

Licensed Embalmer No. 2709

P. O. Address Harwood, Missouri

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.