

FILED JAN 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 805

350

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u> 33	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u> 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural # 1</u>		d. STREET ADDRESS (If rural, give location) <u>Rural # 1 c/o J.B. Brown</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Edward</u> c. (Last) <u>Wilson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 7 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Jan 2 - 1948</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Min. <u>1 5 5</u>
11. BIRTHPLACE (State or foreign country) <u>Leachville, Ark!</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Vernard J. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Maicella Richardson</u>	
14. NAME OF HUSBAND OR WIFE		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>L</u>		16. SOCIAL SECURITY NO. <u>L</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Vernard J. Wilson</u>		ADDRESS <u>Kennett, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - asthma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>D.</u>			
22. I hereby certify that I attended the deceased from <u>Jan 6</u> , 19 <u>49</u> , to <u>Jan 7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 7</u> , 19 <u>49</u> , and that death occurred at <u>9:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. R. Peck</u>		23b. ADDRESS <u>115 St. Francis</u>	
23c. DATE SIGNED <u>Jan 8, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-8-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Dunklin, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-8-1949</u>		REGISTRAR'S SIGNATURE <u>Carl H. Schubert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Funeral Home</u>		ADDRESS <u>Kennett, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

State Health Office No. 2,

State File Number 1476-53

Date Filed 1-10-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.