

FILED JUL 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20520

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give townships) <u>Rolla St Donkey</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Sherrell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland's</u>		d. STREET ADDRESS (If rural give location) <u>5 mi SE of Licking Mo</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Alfred Lee Wilson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 1, 1949</u>	
5. SEX <u>MC</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7-23-1863</u>
9. AGE (In years) (Months) (Days) (Hours) (Min) <u>85</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Lake Springs Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Eli Webber Wilson</u>	
13a. MOTHER'S MAIDEN NAME <u>Ruth Ann Early</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Wilson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>2</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Alva Starr</u>		ADDRESS <u>Rolla Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>anemia</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>anemia</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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. <u>293x</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 10</u> , 19 <u>49</u> , to <u>July 1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>June 10</u> , 19 <u>49</u> , and that death occurred at <u>1-9</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. P. Reed M.D.</u>		23b. ADDRESS <u>Licking, Mo</u>	
23c. DATE SIGNED <u>7/2/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-3-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Boone Creek Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Texas Co, Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-5-49</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoeckel</u>	
381		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith Ferguson</u>	
ADDRESS <u>Licking Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
Piquette County Health Officer,

Case File Number  
Date Filed 7-9-49

**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.

Signed Ernest E. Ferguson

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3945

P. O. Address Leekington

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.