

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **24464**  
 Registrar's No. **43**

BIRTH NO. _____		REG. DIST. NO. <b>301</b>		PRIMARY REG. DIST. NO. <b>4450</b>		Registrar's No. <b>43</b>	
1. PLACE OF DEATH a. COUNTY <b>RIPLEY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>RIPLEY</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>DONIPHAN</b>		c. LENGTH OF STAY (in this place) <b>67 YEARS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>91</b> OR TOWN <b>DONIPHAN</b>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>W.</b> c. (Last) <b>WILSON</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>6-18-1949</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Widowed</b>		8. DATE OF BIRTH <b>3-4-1857</b>	
9. AGE (In years last birthday) <b>92</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (State or foreign country) <b>TENNESSEE</b>	
12. CITIZENRY OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>WILLIAM WILSON</b>		13b. MOTHER'S MAIDEN NAME <b>VIRGINIA PERIEHOUSE</b>		14. NAME OF HUSBAND OR WIFE <b>JEMIMIA WILSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. J. J. SEYMORE - Doniphan Mo.</b> ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infection - Septicemia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Mental condition Head not take name himself</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <b>7901</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>1-20-1949</b> , to <b>6-18-1949</b> , that I last saw the deceased alive on <b>6-18-1949</b> , and that death occurred at <b>8:15 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. Edwin Adamson M.D.</b> (Degree or title)				23b. ADDRESS <b>Doniphan, Mo.</b>		23c. DATE SIGNED <b>6-20-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>6-20-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bennett Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Ripley County Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-20-49</b>		REGISTRAR'S SIGNATURE <b>E. J. Stratton 279</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. W. Edwards</b> ADDRESS <b>Doniphan Mo.</b>			

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

RECEIVED

7-9-49

District Health Officer No. 5

District File 749485

Date Filed 7-14-49

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 Carl B. Bird

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

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.