

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 987

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| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> <span style="float: right;">1.331.</span> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR <u>Springfield</u><br>TOWN |  | c. LENGTH OF STAY (to this place)<br><u>5</u> yrs.   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>920 S. National</u>                                     |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR <u>Springfield</u><br>TOWN <span style="float: right;">0</span>   |  |
| d. STREET ADDRESS (If rural, give location)<br><u>920 S. National</u>                                 |  |  |  |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>James</u> | b. (Middle) <u>Franklin</u> | c. (Last) <u>Wilson</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Nov. 9, 1950</u> |
|-------------------------------------|-------------------------|-----------------------------|-------------------------|--|

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| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>July 20, 1881</u> | 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR<br>Months | IF UNDER 2 HRS.<br>Hours | IF UNDER 15 MIN.<br>Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farmer</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Stone County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u> |
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| 13a. FATHER'S NAME<br><u>Jack Wilson</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Emma Stewart</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Etta Wilson</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Etta Wilson</u> | ADDRESS<br><u>Springfield, Mo.</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis, type undetermined</u>  |  | <u>573X</u>                      |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>osteoporosis of spine, severe, cause undetermined 1 year</u>                         |   |  |                                  |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from November, 1949, to 11/9, 1950, that I last saw the deceased alive on 11/1, 1950, and that death occurred at 3:30 pm from the causes and on the date stated above.

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| 23a. SIGNATURE<br><u>William W. Wood</u> | (Degree or title) <u>MD</u> | 23b. ADDRESS<br><u>205 St. Louis St</u> | 23c. DATE SIGNED<br><u>11/10/50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>11/12/50</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Greenlawn</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Springfield, Mo.</u> |
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| DATE REC'D BY LOCAL REG.<br><u>11-13-50</u> | REGISTRAR'S SIGNATURE<br><u>W. E. Haulley</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>H. H. Lohmeyer</u> | ADDRESS<br><u>Springfield, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 Walter E. Hamel

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.