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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 9 1944
Registration District No. 210

Primary Registration District No. 6225

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 308 West Cherry Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Nevada
(If outside city or town limits, write "RURAL")

(d) Street No. 308 West Cherry Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Benjamin H. Wilson

3. (b) If veteran, name war None

3. (c) Social Security No. 496-03-2427

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th year 1944 hour about 2:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married. 2 divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 21 1893
(Month) (Day) (Year)

Immediate cause of death Apparently acute coronary thrombosis

Due to _____

Due to _____

8. AGE: Years 50 Months 9 Days 16 If less than one day _____ hr. _____ min.

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Vernon County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Operator of Oil Truck

11. Industry or business Employed by Skelly Oil Co

12. Name John Wilson

13. Birthplace Questrin Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Bell

15. Birthplace Garnett Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elton Campbell

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof Feb 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ball Town Cemetery

18. (a) Signature of funeral director Allen S. Kays

(b) Address Nevada, Mo.

19. (a) 2-9-44 (b) Dr J B Beard
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury Coroner?

23. Signature Albert J. Davis (M. D. or other) _____
Address Rogers Bldg Nevada Mo Date signed 2-7-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1351

Division Office No. 7
District # 2-44-274
Date Filed 3-8-44

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 Mack A. Braswell

Licensed Embalmer No. 2529

P. O. Address Nevada 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.