

MAY 15 1940
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3816

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____ 15 days _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia NR
(If outside city or town limits, write "RURAL")
(d) Street No. 1217 S. Lamine St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1940 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from
April 13, 1940 to April 28, 1940,
that I last saw him alive on April 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death:
Post operative shock.

Due to Carcinoma of Stomach

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

Major findings:
Of operations Carcinoma of Stomach
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME George Emery Wilson
8. (b) If veteran, name war None
8. (c) Social Security No. 702-14-4211

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

6. (b) Name of husband or wife Hildred Wilson
6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased December 7, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 21 hr. _____ min.

9. Birthplace: Sedalia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Switchman

11. Industry or business Missouri Pacific R. R. /

MOTHER FATHER
12. Name James J. Wilson
13. Birthplace Terre Haute Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Owens
15. Birthplace Saline County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hildred Wilson
(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 4/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia, Missouri

18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.

19. (a) APR 28 1940 (b) J. B. Beck
(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 1

23. Signature Geo. W. Blankenship (M. D. or other) M.D.
Address 1755 S. Grand Date signed 4-28-40

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

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.....

Licensed Embalmer No. 2971

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, above space should be left blank.