

REC'D AUG 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24832

Do not use this space.

1. PLACE OF DEATH
 (a) County BUCHANAN Registration District No. 85
 (b) Township WASHINGTON Primary Registration District No. 1001
 (c) City ST. JOSEPH (d) Street No. 2810 SOUTH 21ST STREET Registered No. 793
 (e) Length of residence in city or town where death occurred 13 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WINNIE INDIA WILSON
 (a) Residence, No. 2810 SOUTH 21ST ST. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHARLES WILSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 31, 1874

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
| | <u>64</u> | <u>3</u> | <u>29</u> | |

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
 9. Industry or business in which work was done, as saw mill, bank, etc. HOME
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DECATUR CO. IOWA

FATHER 13. NAME ALBERT CLARK
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DECATUR IOWA

MOTHER 15. MAIDEN NAME HARRIET ALLARD
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WAYNE COUNTY IOWA

17. INFORMANT (ADDRESS) CHARLES WILSON 2810 SOUTH 21ST ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK CEM. DATE AUGUST 1, 1938

19. FUNERAL DIRECTOR (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. JOSEPH, MO.

20. FILED 8/1 1938 W. J. Heston Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 29, 1938, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1938, to July 29, 1938
 I last saw the R. alive on July 29, 1938. Death is said to have occurred on the date stated above, at 6:00 P. M.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset 1934
93C
 Other contributory causes of importance: Cerebral apoplexy 1934

Name of operation Date of
 What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify M. D.
 (Signed) Perce Dech
 (Address) King Hill, Mo. St. Joseph, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, _____

John E. Rupp

Licensed Embalmer No. _____

3986

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

Corman C. Rensen

L. E.

No. _____

or by _____

Corman C. Rensen

Registered Apprentice No. _____

140

working under my personal supervision.

Signed _____

John E. Rupp

Licensed Embalmer No. _____

#3986

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.)