

REC'D AUG 17 1939

Registration District No. 266

Primary Registration District No. 416d

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Dent  
(b) City or town Salem  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
XX  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX  
(Specify whether  
In this community six weeks  
years, months or days)

8. (a) PRINTED FULL NAME 425 Lillie May Wilson

8. (b) If veteran, name war XX 8. (c) Social Security No. XX

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Archibald Wilson 6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased July 29 1899  
(Month) (Day) (Year)

8. AGE: Years 39 Months 11 Days 2 If less than one day  
hr. min.

9. Birthplace Shannon Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business XX

12. Name W. W. Thompson

18. Birthplace Wayne Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Tobitha Arnett

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

16. (a) Informant's own signature Mr. Jack Benson

(b) Address Salem Mo

17. (a) burial (b) Date thereof July 3 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Dr. J. Spurr

(b) Address Salem Mo

19. (a) July 3 1939 (b) F. E. Withers MD.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds  
(c) City or town Bunker  
(If outside city or town limits, write "RURAL")  
(d) Street No. XXX  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? XXX years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day First  
year 1939 hour 6 PM minute M.

21. I hereby certify that I attended the deceased from Jan 1  
First, 1939, to June 28, 1939;  
that I last saw her alive on June 24, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cirrhosis of Liver 1939  
Duration

Due to A Severe Case of Influenza 1938

Due to none

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations 114

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no  
(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 ✓

23. Signature Dr. J. Spurr (M. D. or other) ✓  
Address Salem Mo Date signed

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

Rev. 5-17-39  
1-1 X1931

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.

RECEIVED

District Health Officer No. 5,

District File Number 83915

Date Filed 8-10-33

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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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Carl H. Spencer*

Licensed Embalmer No.

2370

P. O. Address

Salina, 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, above space should be left blank.**