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

NOV 2 1939

36192
Do not use this space.

1. PLACE OF DEATH
(a) County Henry — Registration District No. 387
(b) Township — Primary Registration District No. 3018 — Registered No.
(c) City Clinton — (d) Street No. 315 South Orchard St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

425

2. PRINT FULL NAME Louise Matilda Wilson
(a) Residence, No. 315 South Orchard St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: M. Earl Wilson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 10 1889
7. AGE: YEARS 50 — MONTHS 5 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housework
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): 10-15-39
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rich Hill Missouri 0

FATHER
13. NAME: Fredrick Panknin 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holland 6

MOTHER
15. MAIDEN NAME: Amelia Kleming
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): M. Earl Wilson Clinton, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Englewood DATE Oct. 17, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Consolus & Peck Clinton, Mo.
20. FILED 10-30, 1939 Dr. J. B. Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 16, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1939, to Oct. 16, 1939
I last saw her alive on Oct 15, 1939. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Oct 15/39

Other contributory causes of importance: Essential hypertension unknown

Name of operation: None — Date of
What test confirmed diagnosis? Excavation — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — 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: None
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. B. Hughes, M. D.
(Address) Clinton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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RECEIVED
District Health Officer No. 7,
District File Number 7-39-1521
Date Filed 11-6-39

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 J. E. Consalus

Licensed Embalmer No. 1891

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.