FILED MAR 1 1940

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

8461
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon — Registration District No. 875

(b) Township Center — Primary Registration District No. 3039 — Registered No. 69

(c) City or Township Nevada, — (d) Street No. 605 N. Lynn 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.

2. PRINT FULL NAME Mary Ann Wilson

(a) Residence, No. 605 N. Lynn 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louis B. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 4, 1847

7. AGE: Years 92 — Months 8 — Days 23 — If LESS than 1 day, ...hrs. or ....min.

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.:
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): Platsburg, New York

FATHER
13. NAME: Rev Langston Lambertson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scottland

MOTHER
15. MAIDEN NAME: Anna Jane Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scottland

17. INFORMANT (ADDRESS): May Lambertson, Nevada, Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Dogwood Cemetery DATE: Feb 29, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Ferry Funeral Home, Nevada, Mo

20. FILED 2-29, 1940 Allen V. Hays, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1940, to Feb 27, 1940

I last saw her alive on Feb 25, 1940. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility.	✓

Other contributory causes of importance:

Pneumonia from which recovery was made. — Feb 3 1940.

Name of operation: None — Date of:

What test confirmed diagnosis? Exam — 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. B. Love, M. D.

(Address) Nevada, 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.

V. S. No. 2.
50M-9-19-38
I X16803

RECEIVED
District Health Officer No. 7
District File Number 3-40-379
Date Filed 3-4-40

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~~ Personally, ..., Registered Apprentice No....., working under my personal supervision.

Signed Lloyd R. Winnett

Licensed Embalmer No. 3857

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, above space should be left blank.