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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
MARGIN RESERVED FOR BINDING

60M-5-17-39  
Rev. 5-17-39  
I 19351

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10481

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 83

1. PLACE OF DEATH:  
(a) County Callaway  
(b) City or town Fulton  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution 6 years  
(Specify whether years, months or days) 175

3. (a) PRINT FULL NAME Agnes Helena Wilson  
(b) If veteran ✓ name war ✓  
(c) Social Security No. ✓

4. Sex X 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Paul Wilson  
(c) Age of husband or wife if alive 26 years  
7. Birth date of deceased March 8 1913  
(Month) (Day) (Year)

8. AGE: Years 27 Months 0 Days 12 If less than one day hr. min.

9. Birthplace Menard Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business  
MOTHER FATHER { 12. Name Henry Bohmer  
18. Birthplace Missouri  
14. Maiden name Margaret Bushman  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Wilson  
(b) Address 2057 1/2 2nd St. Fulton, Mo

17. (a) buried (b) Date thereof Mar 23 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Menard, Arkansas  
18. (a) Signature of funeral director W. H. Wallace  
(b) Address Fulton, Mo.

19. (a) March 21 1940 (b) R. N. Crews  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Callaway  
(c) City or town Fulton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2057 1/2 2nd St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 20  
year 1940 hour 8:00 minute \_\_\_\_\_ P. A. M.  
21. I hereby certify that I attended the deceased from Jan  
\_\_\_\_\_ 1939 to March 20 1940  
that I last saw her alive on Mar 20 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coarctation Duration 3 hrs  
Carcinoma Rt. Breast 9 hrs  
Generalized metastases  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions none 50  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy above  
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) \_\_\_\_\_  
(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) Means of injury \_\_\_\_\_  
23. Signature John J. Brown (M. D. or other) ✓  
Address Fulton, Mo Date signed 3-21

6751 7 190

**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 Harold J. Christy  
Licensed Embalmer No. 4002  
P. O. Address Paulton, 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.**