

FILED MAY 13 1940

Registration District No.

Primary Registration District No. 5237

Registrar's No. 4

1. PLACE OF DEATH:

(a) County CHARITON
(b) City or town Keytesville Rural, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 4 years _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME ISABELLE WILSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Henry Wilson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 30 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 8 27 hr. _____ min.

9. Birthplace Mazonia Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Edward T. Wood

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Anna Mueller

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

16. (a) Informant Mrs. Rosa E. Rapp

(b) Address 207 1/2 South 17 St. Keytesville

17. (a) Burial (b) Date thereof April 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stella Sprake

18. (a) Signature of funeral director Ralph Carhart

(b) Address 744 Tevill Mo

19. (a) 4/27/40 (b) Miss Ray Sandra
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 19
1940, to April 24, 1940
that I last saw her alive on April 24, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4-18-40

Due to hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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) _____

(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? _____

159 While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Ralph Carhart (M. D. or other) MD

Address Keytesville Mo Date signed 4-27-40

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

Date Filed _____
District File Number 573740
District Health Officer No. 8
RECEIVED

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. O. Bennett
Licensed Embalmer No. 3046
P. O. Address Key West, Fla.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.