

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

19213

Registration District No.

668

Primary Registration District No.

3032

Registrar's No.

184

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: 1511 So. Vermont
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME Samira Ann Wilson 425

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

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

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

7. Birth date of deceased Jan. 8, 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 4 14 hr. min.

9. Birthplace Akinsville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name William R. Wilson

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

14. Maiden name Margaret M. Risley

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

16. (a) Informant Mrs. E. J. Hare
(b) Address Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24/40
(Month) (Day) (Year)

(c) Place: burial or cremation Syracuse, Mo.

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

19. (a) May 24, 1940 (Date recorded local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1511 So. Vermont
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd year 1940 hour 4:50 PM minute M.

21. I hereby certify that I attended the deceased from June 15 1925 to May 22, 1940, that I last saw her alive on May 22, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Arteriosclerosis

Due to None
Due to None

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

Major findings: Of operations None

Of autopsy No

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? 906
While at work? ✓ (Specify type of place) (e) Means of injury

23. Signature John B. Carlisle M.D. (M. D. or other) Address Sedalia Mo Date signed 5-24-40

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-14-40

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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed *H. C. Boulton*

Licensed Embalmer No. 3867

P. O. Address *Seaside, 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.