DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19312

Registration District No. 412 — Primary Registration District No. 5760B — Registrar's No. 16

1. PLACE OF DEATH:
(a) County Ralls
(b) City or town ... (If outside city or town limits, write "RURAL" and name of township)
(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 ... (Specify whether In this community ... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls
(c) City or town ... (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.

3. (a) PRINT FULL NAME MARY ALICE WILSON 1.2
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 Widowed
6. (b) Name of husband or wife ...
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased Feb (Month) 15 (Day) 1861 (Year)
8. AGE: Years 79 Months 3 Days 11 If less than one day ... hr. ... min.
9. Birthplace Ashley (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business 0
FATHER 12. Name Frank Pritchett
13. Birthplace Ashley (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Sarah Wilcox
15. Birthplace Ashley (City, town, or county) Mo. (State or foreign country)
16. (a) Informant's own signature Wm F Wilson
(b) Address 1431 E St Louis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Ayr Pike Co
18. (a) Signature of funeral director W S Waters
(b) Address Vandalia Mo
19. (a) 5/27/40 (Date received local registrar) (b) Carrie Utterback (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1940 hour 4:50 A.M. minute ... M.
21. I hereby certify that I attended the deceased from July, 1937, to May 26, 1940, that I last saw her alive on May 19, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Valvular Heart disease	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury ...
23. Signature H H Bland (M. D. or other)
Address Vandalia Date signed 5/27/40

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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-40-1227
Date Filed JUN 12 1940

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 W B Waters

Licensed Embalmer No. 3321-

P. O. Address Vandalia M

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

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