No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25660

State File No. 826

Registration District No. 514 Primary Registration District No. 5683 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Ludlow
(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)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Livingston
(c) City or town Ludlow
(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 Carrie Wilson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race wh
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife David C. Wilson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 25 (Day) 1852 (Year)

8. AGE: Years 87 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Pike County (City, town, or county) Ind. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own home
MOTHER FATHER
12. Name Daniel Snider
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Brentar
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Merit Graham
(b) Address Ludlow, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11 1940 (Month) (Day) (Year)
(c) Place: burial or cremation McCrakey
18. (a) Signature of funeral director Bernard F Mead
(b) Address Braymer, Mo
19. (a) 7-11-40 (Date received local registrar) (b) Lettie G. Ewing (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1940 hour 09.00 minute a.m.
21. I hereby certify that I attended the deceased from June 14th, 1940, to July 6, 1940, that I last saw her alive on July 6, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration 3 yr.
Due to Senility
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 Geo E Moore (M. D.)
Address Ludlow Mo. Date signed 7/10/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 840-1095
Filed AUG 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 Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Bragmer, Mo.

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

If this body is not embalmed, fact should be so stated above.