

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25676

Aug 16 1940

Registration District No. 535

Primary Registration District No. 3027

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Macon 2
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Unknown St. number.
(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 _____ (Specify whether years, months or days) 175

3. (a) PRINT FULL NAME Julia Ella Wilson

3. (b) If veteran name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife David Wilson 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased July 22, 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation School teacher

11. Industry or business _____

12. Name Roger F. Shinn. 1

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

14. Maiden name Fannie J. Taylor

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

16. (a) Informant's own signature Mrs. B. H. Lipton.

(b) Address Peermington, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/31/40 (Month) (Day) (Year)

(c) Place: burial or cremation Winnebago, Illinois

18. (a) Signature of funeral director Albert Skinner.

(b) Address Macon, Missouri.

19. (a) 8/24/40 (Date received local registrar) (b) Deato Newton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
(c) City or town Macon (If outside city or town limits, write "RURAL")
(d) Street No. St. Number unknown. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1940 hour 11:00 minutes 44 M.

21. I hereby certify that I attended the deceased from Jan, 1936, to July 28, 1940, that I last saw her alive on July 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 30 hrs.

Due to hypertension & diabetes

Due to 475

Other conditions hypertension (Include pregnancy within 3 months of death) 3 wks.

Major findings: Of operations _____

Of autopsy _____

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? 475

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

23. Signature Deato Newton (M. D. or other) Address Macon Mo Date signed 7/29/40

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.

RECEIVED

District Health Officer No. 1C

District File Number S-40-1549

Date Filed AUG 8 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.....

Licensed Embalmer No. 40

P. O. Address Macon, 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.