

28577

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 228

Primary Registration District No. 3027

Registrar's No. _____

FILED SEP 24 1940

1. PLACE OF DEATH:

(a) County GRUNDY
(b) City or town TRENTON
(c) Name of hospital or institution: 1709 North Main 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 58 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GRUNDY
(c) City or town TRENTON
(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 ANNA E. WILSON WDS

3. (b) If veteran, name war _____ 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 John Wilson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 3 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 20 hr. min.

9. Birthplace IRGOIS COUNTY INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

MOTHER FATHER { 12. Name WILLIAM M Shott
13. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name LUCINDA Sherry
15. Birthplace unknown Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Wilson

(b) Address 1209 - Main St, Trenton

17. (a) Burial (b) Date thereof 9-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rocky Grove Cemetery, Trenton, Mo.

18. (a) Signature of funeral director Raymond A. Davis

(b) Address Trenton Mo.

19. (a) 8-24-40 (b) Dwene D. Fair
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1940 hour 5AM minute A M.

21. I hereby certify that I attended the deceased from Aug 16, 1940, to Aug 23, 1940, and that death occurred on the date and hour stated above.

that I last saw her alive on Aug 22, 1940
Immediate cause of death Cerebral Hemorrhage

Due to Apoplexy

Due to arterial sclerotic changes.

Other conditions 0
(Include pregnancy within 3 months of death)

Major findings: Of operations 0
Of autopsy _____

Duration

1 wk

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? 300
(Specify type of place) (e) Means of injury _____

23. Signature DR Beck (M. D. or other) _____

Address 903 1/2 Main Trenton Mo Date signed Aug 23 40

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

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.

1 X1081

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.....

Robert B. Davis, Registered Apprentice No. *212*
working under my personal supervision.

Signed *Raymond A. Davis*
Licensed Embalmer No. *3424*
P. O. Address *Trenton, 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.