

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 wk
(Specify whether years, months or days) _____

3. (a) PRINT FULL NAME Verna Helen Wilson

3. (b) If veteran, name war NO 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Marvin Wilson 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Apr. 30 - 1906
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>6</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Henry Fugitt 9

18. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Sadie Wolff 2

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

16. (a) Informant M. W. Wilson

(b) Address Hurley - Mo.

17. (a) Burial (b) Date thereof Nov. 6 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Ridge

18. (a) Signature of funeral director J. M. Maples

(b) Address Clever - Mo.

19. (a) 11-6-40 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone
(c) City or town Hurley
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1940 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Oct 28, 1940 to Nov 5, 1940
that I last saw her alive on 11/5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid
Duration 2 wks.

Due to _____

Due to 1

Other conditions (Includes pregnancy within 3 months of death) _____

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? 994

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

23. Signature W. E. Callaway (M. D. or other) 1

Address Springfield Date signed 11/6/40

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

MOTHER FATHER

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

J.W. Maple

Licensed Embalmer No. *2985*

P. O. Address *Clemis 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.