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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42250

Registration District No. 223 Primary Registration District No. 4186 Registrar's No. 78

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Pleasant Green, Mo
(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
In this community 51 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Pleasant Green, Mo
(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 CLARA-LEE-WILSON.

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased May (Month) 14 (Day) 1889 (Year)

8. AGE: Years 51 Months 7 Days 13 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation Housekeeper.

11. Industry or business same.

FATHER
12. Name Charles Wilson
13. Birthplace unknown (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Milinda Berry
15. Birthplace Pleasant Green (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs A. M. Gleahn
(b) Address Higbee, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-28-1940 (Month) (Day) (Year)
(c) Place: burial or cremation New Lebanon Cemetery

18. (a) Signature of funeral director Hays & Painter - P. E. Hays
(b) Address Gilot Grove Mo

19. (a) 12 [illegible] 1940 (Date received by local registrar) (b) W. B. Risslor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27th year 1940 hour 6 minute 25 A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to Dec 26, 1940; that I last saw her alive on Dec 26, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia Right side	2 da
Due to	
Due to 105	
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)
201
While at work? (e) Means of injury

23. Signature Chas Sandy M. D. ~~or other~~
Address Pilot Grove Mo Date signed 12/27/40

(Licensed Embalmer's Statement on Reverse Side)

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 Myself

, Registered Apprentice No.

working under my personal supervision.

Signed Peyton E. Hayes

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Ia

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

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