

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4638

Registration District No. 859

Primary Registration District No. 6138

Registrar's No. 7

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME JESSIE PEARL WILSON
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color of race white
 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 Aug. 21 1939
 (Month) (Day) (Year)

8. AGE: Years _____ Months 17 Days 4
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

MOTHER FATHER
 11. Industry or business _____
 12. Name George Wilson
 13. Birthplace Taney Co. Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Lucy Maybank
 15. Birthplace Taney Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Tray Compton
 (b) Address 13 Bramson Mo.

17. (a) Burial (b) Date thereof Jan 26 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bramson funeral home

18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) 1-26-1941 (b) John H. Baxter
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25
 year 1941 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from Jan 1
 to Jan 25
 that I last saw her alive on Jan 24
 and that death occurred on the day and hour stated above. 1941

Immediate cause of death Popular pneumonia Duration _____
(Broncho-pneumonia)
 Due to Influenza
 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? _____

27. (Specify type of place) _____
 While at work _____
 28. Signature Dr. B. M. Mitchell (M. D. or other) Mo.
 Address Bramson Mo. Date signed 1-26-41

WRITE 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.

RECEIVED

District Health Officer No. 6,

District File Number 141-196

Date Filed FEB 4 1941

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.....

P. O. Address.....

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.