No. 2
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4748

State File No. ____

Registration District No. 1080 Primary Registration District No. 6180 Registrar's No. ____

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

1. PLACE OF DEATH:
(a) County: Washington Co
(b) City or town: Bourbon mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Watson
(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: /

2. USUAL RESIDENCE OF DEACEASED:
(a) State: Mo (b) County: Washington
(c) City or town: Shirley
(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: Gilly Wilson (WILSON)
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: George Wilson
6. (c) Age of husband or wife if alive: alive years
7. Birth date of deceased: Jan (Month) 17 (Day) 1872 (Year)

8. AGE: Years 69 Months 0 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace: Washington Co (City, town, or county) (State or foreign country)
10. Usual occupation ____
11. Industry or business: House wife
MOTHER FATHER
12. Name: James Montgomery
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Nancy Mason
15. Birthplace: Washington Co (City, town, or county) (State or foreign country)
16. (a) Informant: George Wilson
(b) Address: Shirley
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 2 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Potosi mo
18. (a) Signature of funeral director: Sparks
(b) Address: Potosi mo
19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1941 hour 1 minute 10 A. M.

21. I hereby certify that I attended the deceased from Jan 20, 1941, to Feb 1, 1941, that I last saw her alive on Jan 31, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia — Duration
Due to: Blastomycosis
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? ____ (Specify type of place)
(e) While at work? ____ (e) Means of injury ____
23. Signature: G F Cruswell (M. D. or other)
Address: Potosi Mo Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

(Wilson)

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
—2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4748

Registration District No. 1080 Primary Registration District No. 6180 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Walton P.O.
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Washington
(c) City or town Shirley
(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 Emily Wilson OK
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 69 Months 0 Days 14 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 9-6-41 (Date received local registrar) (b) J. S. Hill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature G. F. Cresswell (M. D. or other)
Address Potosi Mo. Date signed