

APR 28 1941

Registration District No. 036

Primary Registration District No. 5844 4580

Registrar's No. 11

1. PLACE OF DEATH:
 (a) County Oregon
 (b) City or town Alton
(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 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Oregon
 (c) City or town Alton
(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.? 0 years.

3. (a) PRINT FULL NAME Margaret P. Wilson
 3. (b) If veteran, name war no 3. (c) Social Security No. _____
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Ance Wilson 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Aug. 8 1852
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 18
 year 1941 hour 5 minute A. M.
 21. I hereby certify that I attended the deceased from July 1st
1936 to Feb 18, 1941;

that I last saw h.29 alive on Feb 18, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

8. AGE: Years Months Days If less than one day
88 6 10 hr. min.

Due to _____
 Due to _____

9. Birthplace Tennessee
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Other conditions 10 22 2
(Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Margaret P. Brown
 13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
 14. Maiden name Fermelia Brown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____

16. (a) Informant D. M. Brown
 (b) Address Birch Tree, Mo.

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? _____

17. (a) Burial (b) Date thereof 2/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation DePriest & Brown

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

18. (a) Signature of funeral director DePriest
 (b) Address Thayer, Mo. 564
 19. (a) 3/6 1941 (b) Enoch Barber
(Date received local registrar) (Registrar's signature)

23. Signature G. B. Forest (M. D. or other) D
 Address Alton Date signed 2/20/41

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

005

75
0
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Forest

RECEIVED

District Health Officer No. 5,

District File Number 441 490

Date Filed _____

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, fact should be so stated above.