

No. 2  
4-13-40  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14086

State File No. ....

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 124

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

1. PLACE OF DEATH:

(a) County Calloway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital # 12  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 41 yrs 4 mos 24  
(Specify whether)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 14  
(c) City or town Moscow Mills 1  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ida Wilson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife D.K. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased D.K. 1875(?)  
(Month) (Day) (Year)

8. AGE: Years 66 Months D.K. Days D.K. If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Lincoln Co. ( ) Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name D.K.

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

14. Maiden name D.K.  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Hospital Records

(b) Address State Hospital #1, Fulton

17. (a) Burial (b) Date thereof April 21, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilson Cem Lincoln Co Mo

18. (a) Signature of funeral director Clara A Jones

(b) Address Bellflower Ops, Mo

19. (a) Apr 22, 1941 (b) R.N. Creswell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
year 1941 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from April 5  
1941, to April 20, 1941;  
that I last saw her alive on April 20, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis ?  
Duration \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature Katherine Sherles (M. D. or other) M.D.

Address State Hospital Date signed 4-20-41  
Fulton, Mo

**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

Cedric R Jones, Registered Apprentice No. 246  
working under my personal supervision.

Signed Clair A Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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, fact should be so stated above.**