

Mo. 2
-4-41
17-39
X26390

FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14319

State File No.

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 131

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City

(c) Name of hospital or institution: St. Mary's Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution.....
(If not in hospital or institution, write street number or location)

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City, Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. # 2 0
(If rural, give location)

(e) Citizen of foreign country? No / (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Vesta Ann Wilson

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from April 13 1941 to April 16 1941 and that death occurred on the date and hour stated above.

that I last saw her alive on April 16 1941;

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife R. O. Wilson 6. (c) Age of husband or wife if alive 7 years 1899

7. Birth date of deceased. Nov. 7 1899
(Month) (Day) (Year)

Immediate cause of death agranulocytopenia 2 days
angina

Due to.....

Due to.....

Other conditions Syphilis
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

41 5 9 hr. min.

9. Birthplace Green County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name George Dodson

13. Birthplace Green County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Cameron

15. Birthplace Green County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford Bryant

(b) Address Jefferson City, Mo.

17. (a) Removal (b) Date thereof 4/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director John F. Heinich

(b) Address Jefferson City, Mo.

19. (a) 4-18-41 (b) D. B. Cooper M.D.
(Date received local registrar) (Registrar's signature)

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? 11 (Specify type of place)

(e) Means of injury.....

23. Signature Dean A. Taylor (M. D. or other) MD

Address Jefferson City Date signed 4-17-41

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

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.....

Albert S. White

Licensed Embalmer No.

4168

P. O. Address.....

*712 E. High
Jefferson City*

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.