

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

34994

Do not use this space.

FILLED NOV 14 1941

1. PLACE OF DEATH
 (a) County Greene Registration District No. 995-
 (b) Township Walnut Grove Primary Registration District No. 545-0
 (c) City Walnut Grove or Walnut Grove (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 7 yrs. 7 mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Canzada Wilson 39
 (a) Residence, No. Northview, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city) U

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Wilson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 9 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 8 5

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) Webster Co., Mo. (STATE OR COUNTRY) 0

FATHER
 13. NAME Abraham Hargus
 14. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY) 1

MOTHER
 15. MAIDEN NAME Eliza Mitchell
 16. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY) 1

17. INFORMANT William Wilson (ADDRESS) Marshallfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshallfield DATE October 16 1941

19. FUNERAL DIRECTOR (NAME) Rex Rainey (ADDRESS) Marshallfield, Missouri

20. FILED Oct 16 1941 Etta R. Inghure Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 14, 1941

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1941 to Oct 14 1941, 1941
 I last saw her alive on Oct 14 1941, 1941. Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Senility
Failure in health
for several years

Date of onset

Other contributory causes of importance:

1628

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W. J. Barber M. D.
 (Address) Walnut Grove, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

41-11-108

11/20/41

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.