S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 198

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3011

State File No. 2045

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs Town
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Excelsior Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 24

(a) State Missouri (b) County Clay 0

(c) City or town Excelsior Springs 0
(If outside city or town limits, write "RURAL")

(d) Street No. 205 N. Marietta 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Orva Darlene Wilson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Jan. (Month) 21 (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day 9 hr. 30 min.

9. Birthplace Excelsior Springs (City, town, or county) Missouri (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Edgar Franklin Wilson
13. Birthplace Orrick (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Frances Marie Southwick
15. Birthplace Lawson (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Edgar F. Wilson
(b) Address Excelsior Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Old Union, Ray County

18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Missouri

19. (a) Jan-22-1942 (Date received local registrar) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from birth 6 am Jan 21, 1942 to 3 30 PM Jan 21, 1942 that I last saw her alive on Jan 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory due to premature birth & cyanosis at birth

Due to Due to severe cough causing rupture membrane

Due to at 8th month

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

Major findings:
Of operations ——
Of autopsy ——

159

Duration

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. D. Craven (M. D. or other)

Address Excelsior Springs Mo Date signed 1-22-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 2-10-42

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, 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.