U. S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14284

State File No.

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 37

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Union (If outside city or town limits write "RURAL") 5 0
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Dorothy Evelyn Willson
3. (b) If veteran, name war
3. (c) Social Security No. 487-20-8640
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. Stanley Willson
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased Aug. 11, 1921 (Month) (Day) (Year)

8. AGE: Years 20 Months 8 Days 0 If less than one day hr. min.

9. Birthplace Osceola, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name John Robert Dukes
13. Birthplace Binton County, Missouri (City, town, or county) (State or foreign country)
14. Maiden name Era J. Burrow
15. Birthplace St. Clair, County Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Wm. Stanley Willson
(b) Address Union, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation Union, Missouri
18. (a) Signature of funeral director Wm. H. Horn
(b) Address Union, Mo.
19. (a) April 13-42 (Date received local registrar) (b) Lucile Ruether (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1942 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from April 6 1942 to April 11th 1942 that I last saw her alive on April 11th 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Eclamptic toxemia and uremia	5 days
Due to: Pregnancy	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. Denny (M. D. or other) MD
Address Union Mo Date signed 4-11-42

(Licensed Embalmer's Statement on Reverse Side)

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 W. H. Horn

Licensed Embalmer No. 3175

P. O. Address Union, 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, above space should be left blank.