

FILED JUN 18 1942 618
Registration District No.

Primary Registration District No. 5821

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Burlington, Ia. RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Greenwood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway Ia

(c) City or town Burlington Ia. RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME EMMA Pauline Wilson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 5
year 1942 hour 5 minute 45 P.M.

4. Sex FEMALE 5. Color or race White

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct. 29 1909
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 2 1941 to May 5 1942
that I last saw her alive on May 5 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>6</u>	<u>6</u>	hr. _____ min.

Immediate cause of death: Cancer of uterus
Diagnosed

Duration: 11 mo.

9. Birthplace Burlington Ia. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation BEAUTY PARLOR OPERATOR

11. Industry or business ESTATE BEVER

12. Name ESTATE BEVER

13. Birthplace Burlington Ia. Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name ORR HUMPAREY

15. Birthplace NODAWAY Mo 0
(City, town, or county) (State or foreign country)

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.

16. (a) Informant Estel Bever

(b) Address Burlington Ia Mo

17. (a) RURAL (b) Date thereof MAY 7-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CLEARMONT Mo

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins Mo

19. (a) May 6 1942 (b) Miss W. G. Carpenter
(Date received local registrar) (Registrar's signature)

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 L. E. Wallace D.O. (M.D. or other)

Address Burlington Ia. Mo. Date signed May 6-42

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.....

meyer....., Registered Apprentice No.....
working under my personal supervision.

Signed *Stanley Swanson*.....

Licensed Embalmer No. *3963*.....

P. O. Address *Hopkins, 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.