S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23739

Registration District No. 26-10 Primary Registration District No. 3002 Registrar's No. 108

1. PLACE OF DEATH:
(a) County: Audrain
(b) City or town: Mexico, City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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: Mo. (b) County: Audrain
(c) City or town: Mexico (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: O

3. (a) PRINT FULL NAME: IDA (HARRISON) WILSON
3. (b) If veteran, name war .....
3. (c) Social Security No. none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: W. C. Wilson
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Feb. (Month) 6 (Day) 1896 (Year)

8. AGE: Years 46 Months 2 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace: Montgomery Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business .....
MOTHER FATHER
12. Name: J. J. Harrison
13. Birthplace: Montgomery Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name: Catherine Brown
15. Birthplace: Montgomery Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Wm. C. Wilson
(b) Address: Mexico Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 15-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mexico Mo.
18. (a) Signature of funeral director: McPheeters Bros.
(b) Address: Mexico Mo.
19. (a) July 14-1942 (Date received local registrar) (b) Margaret H. Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1942 hour 10 minute 9 A.M.
21. I hereby certify that I attended the deceased from Sept 1, 1941, to July 13, 1942, that I last saw her alive on July 12, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma uterus	1½ yrs
Due to:	
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: R. S. Williams M. D. or other .....
Address: Mexico Mo. Date signed 7/14/42

10/14 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-42-1553
Date Filed AUG 11 1942

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 Roy A. McPheeters

Licensed Embalmer No. 1133

P. O. Address Mexico 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.