S. No. 2
1—9-4-1
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31647

FILED OCT 10 1942

Registration District No. 1469

Primary Registration District No. 6195-B

Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County: Wayne

(b) City or town: Bunker (or Rural, Carter) — (If outside city or town limits, write "RURAL" and name of township)

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

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

In this community: X

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Francois

(c) City or town: Ledwood — (If outside city or town limits, write "RURAL")

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

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

If yes, name country: X

3. (a) PRINT FULL NAME: ELLA WILSON

3. (b) If veteran, name war: No

3. (c) Social Security No.:

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: J. L. Wilson

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

7. Birth date of deceased: Jan (Month) 25 (Day) 1868 (Year)

8. AGE: Years 74 Months 9 Days 7 If less than one day: hr. mln.

9. Birthplace: Madison Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business: X

12. Name of father: Barney Brewington

13. Birthplace of father: Madison Co. (City, town, or county) Mo (State or foreign country)

14. Maiden name of mother: Emily Stephens

15. Birthplace of mother: Madison Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Sarah James

(b) Address: Bunker, Mo.

17. (a) Ledwood Mo (Burial, cremation, or removal) (b) Date thereof: 10 (Month) 4 (Day) 1942 (Year)

(c) Place: burial or cremation: Ledwood, Mo.

18. (a) Signature of funeral director:

(b) Address:

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 2 year 1942 hour 12 minute P M.

21. I hereby certify that I attended the deceased from Sept. 24, 1942 to Oct. 2, 1942 that I last saw her alive on Oct. 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Gastritis & Nephritis

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 131b

Major findings:
Of operations:

Of autopsy: No

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: C. A. James M.D. (M. D. or other)

Address: Fredericktown Mo Date signed: 10-2-42

1222 (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 Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

U. S. No. 2B
OM—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31647

Registration District No. 1169 — Primary Registration District No. 6195B — Registrar's No. 28

1. PLACE OF DEATH:

(a) County: Wayne

(b) City or town: Greenstreet Rural
(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: St Francois

(c) City or town: Leadwood, Mo.
(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: Ella Wilson

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: J. L. Wilson

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

7. Birth date of deceased: Jan (Month) 25 (Day) 1868 (Year)

8. AGE: Years 74 Months 9 Days ____ If less than one day: hr. ____ min.

9. Birthplace: Madison Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business ____

MOTHER FATHER

12. Name: Barney Brewington

13. Birthplace: Madison Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Emily Stephens

15. Birthplace: Madison Co, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Sarah Jones

(b) Address: Bismark, Mo

17. (a) Leadwood, Mo (Burial, cremation, or removal) Date thereof: 12-4-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Leadwood, Mo

18. (a) Signature of funeral director ____

(b) Address ____

19. (a) Nov 25 1942 (Date received local registrar) (b) Inez Bennett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 2 year 1942 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from ____, 19____ to ____, 19____; that I last saw him alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Cyanosis — Duration ____
Gastritis — ____
Nephritis — ____

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? ____

While at work? ____ (Specify type of place) (e) Means of injury ____

23. Signature: C. H. James M.D. (M. D. or other)

Address: Piedmont, Mo. Date signed: 12-2-42

SUPPLEMENTARY

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

Funeral director Bernett
Lois Nixon

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