

FILED OCT 23 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 976

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Saint Joseph Hospital
(If not in hospital or institution, write street number or location)

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

In this community Three Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 101 East Elk Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Elizabeth 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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 2 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>3</u>	<u>12</u>	_____ hr. _____ min.

9. Birthplace Saint Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Woodrow Wilson

13. Birthplace Nodaway County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Nauson

15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Nauson

(b) Address 101 East Elk Street

17. (a) Burial (b) Date thereof Oct. 16, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King Hill Cemetery

18. (a) Signature of funeral director Mr. E. R. Schufeldt

(b) Address 602 South 10th Street

19. (a) 10/15/42 (b) Rose Ferguson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th
year 1942 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from 10-7-42
to 10-14-42, 19____;
that I last saw her alive on 10-13-42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Indigestion
spasms with
Dehydration 10/7/42

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

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Major findings:
Of operations _____

Of autopsy _____

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) (c) Means of injury

23. Signature Rose Ferguson (M. D. or other) _____
Address 216 N 7th Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11
1
2

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 *Mollie E. Sidenfaden*
Licensed Embalmer No. *4235*
P. O. Address *St. Joseph 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.