

FILED NOV 10 1942

State File No.

Registration District No. 741

Primary Registration District No. 302J

Registrar's No. 115

1. PLACE OF DEATH:

(a) County West Plains, mo
(b) City or town West Plains, mo
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 yrs
In this community 15 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Rauel #6
(c) City or town West Plains, 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 0

3. (a) PRINT FULL NAME

Laura May Wilson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex 7 5. Color or race w
6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife The Paulson
6. (c) Age of husband or wife if alive 1863 years

7. Birth date of deceased May - 5 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 1
If less than one day hr. min.

9. Birthplace unk (City, town, or county) (State or foreign country) 9

10. Usual occupation Housewife

11. Industry or business unk

12. Name unk

13. Birthplace unk (City, town, or county) (State or foreign country) 9

14. Maiden name unk

15. Birthplace unk (City, town, or county) (State or foreign country) 9

16. (a) Informant Paul Wucherford

(b) Address Samona mo #2

17. (a) (Burial, cremation, or removal) 13 (b) Date thereof 10-7-42
(Month) (Day) (Year)

(c) Place: burial or cremation Callus

18. (a) Signature of funeral director none

(b) Address none

19. (a) 10-27-42 (Date received local registrar) Paul Wucherford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 6
year 1942 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from Oct. 5, 1942 to Oct. 6, 1942
that I last saw her alive on Oct. 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Tetanus, acute

Due to Infected tick bite on left leg.

Due to 3 weeks

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1952

Of autopsy 99

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 046

(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 0

23. Signature Det. Shomberg (M. D. or other) M.D.

Address West Plains, Mo. Date signed 10/28/42

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

46
0
0

MOTHER FATHER

1125 (Licensed Embalmer's Statement on Reverse Side) Hamburg W

RECEIVED

District Health Officer No. 5

District File Number 1142953

Date Filed 11-9-42

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.