

FILED FEB 10 1943

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 231 East Porter
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 65 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 231 East Porter
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MOLLIE WILSON

3. (b) If veteran, name war ✓ 3. (c) Social Security No. -

4. Sex Female 5. Color or race W 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 Nov 11 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 12 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business.....

12. Name John Wilson

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

14. Maiden name Anna Vickers

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

16. (a) Informant Edith Wilson

(b) Address 231 E Porter

17. (a) Burial (b) Date thereof Jan 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park

18. (a) Signature of funeral director Camille Buis
(b) Address Marshall Mo

19. (a) 1-26-43 (b) Mrs T. O. Weather
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1943 hour 9 minute 30 A M.

21. I hereby certify that I attended the deceased from Oct 27 1941 to Jan 23 1943
that I last saw him alive on Dec 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Heart coronary occlusion - Immediate

Due to Coronary arteriosclerosis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) 94

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?.....

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

23. Signature Edith Wilson, M.D. (M. D. or other) 0
Address Marshall Mo Date signed 1-25-43

12N

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-9-43

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

Signed Jan. H. Lewis
Licensed Embalmer No. 1171
P. O. Address Marshall, 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.