

FILED APR 10 1943

Registration District No. 158

Primary Registration District No. 5590

Registrar's No. 153

5000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Jefferson

(b) City or town: Dubouille Road (Rural)

(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)

In this community: years, months or days

3. (a) PRINT FULL NAME: BERTHA MAE WILSON

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

3. (c) Social Security No:

4. Sex: Female

5. Color or race: W

6. (a) Single, widowed, married: 1 divorced, married

6. (b) Name of husband or wife: John M. Wilson

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: July 17 1876

8. AGE: Years 66, Months 6, Days 15

If less than one day: hr. min.

9. Birthplace: Fremont Mo

(City, town, or county) (State or foreign country)

10. Usual occupation: at home

11. Industry or business:

12. Name: Mrs. Wilson

13. Birthplace: Jefferson Co Mo

14. Maiden name: Elizabeth

15. Birthplace: Jeff Co Mo

16. (a) Informant: John M. Wilson

(b) Address: Dubouille Mo

17. (a) Burial (b) Date thereof: Feb 4 1943

(c) Place: burial or cremation: Dubouille Mo Rt 1

18. (a) Signature of funeral director: Donald B. Eaton

(b) Address: Dubouille Mo

19. (a) April 8 43 (b) Q. W. Eaton

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jefferson

(c) City or town: Dubouille (Rural)

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

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

If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2nd year 1943 hour 12 minute 20 a.m.

21. I hereby certify that I attended the deceased from Jan 4 - 1943 to Feb 1 - 1943

that I last saw him live on Feb 1 1943 and his death occurred on the date and hour stated above.

Immediate cause of death: Cancer of breast

Duration: not known

Due to:

Due to:

Other conditions: (Include pregnancy within 3 months) 50

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?

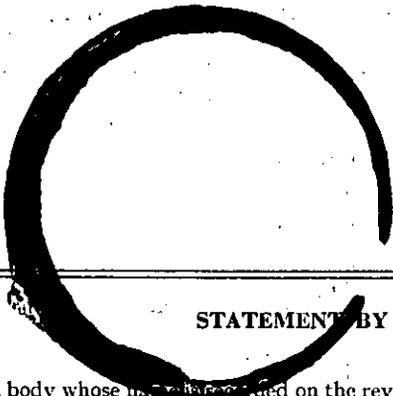
While at work? (Specify type of place) Means of injury: 0

23. Signature: Hattie E. Wilson (M. D. or other)

Address: Dubouille Mo Date signed: 2-3-43

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JUN 4 1954



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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.....

*Amuel B. Gietlich*

Licensed Embalmer No. ....

*4104*

P. O. Address.....

*debits ma.*

*This is a duplicate certificate  
the original was lost by me*

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.

*Amuel B. Gietlich*