

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

11092

State File No.

Registrar's No. 95

Registration District No. 274

Primary Registration District No. 4405

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Green Ridge
 (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 8 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ARTIE ELIZABETH WILSON

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Married
 6. (b) Name of husband Lee Wilson 6. (c) Age of husband or wife if alive 10 years
 7. Birth date of deceased Jan 10 1869
 (Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home making

12. Name Zephiah Green Jones
 13. Birthplace Carroll County Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Cross
 15. Birthplace unknown Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lee Wilson
 (b) Address Green Ridge Mo
 17. (a) Burial (b) Date thereof Mar 23 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Green Ridge Cemetery
 18. (a) Signature of funeral director Geo. R. S. Kelly
 (b) Address Green Ridge Mo
 19. (a) 3-22-43 (b) Anna Berger
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
 (c) City or town Green Ridge
 (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 -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20th
 year 1943 hour - minute 1:8 P.M.

21. I hereby certify that I attended the deceased from member body of
March 20 1943 to - 19-
 that I last saw h. - alive on - 19-
 and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received when struck by a train Duration -

Due to -

Due to -

Other conditions 169-8
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 30

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) Accident 180
 (b) Date of occurrence March 20 1943
 (c) Where did injury occur? Green Ridge Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Street of Green Ridge Mo
 (Specify type of place) (e) Means of injury RR train

23. Signature M. L. Bishop (Mr. Doctor or other)
 Address Bedalia Mo Date signed 3-20-43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-8-43

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4063

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.