

Registration District No. **33**

Primary Registration District No. **3022**

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

1. PLACE OF DEATH:

(a) County **Harrison**

(b) City or town **Bethany**

(c) Name of hospital or institution: **Wood, S**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **2 months**
(Specify whether years, months or days)

In this community **2 months**

3. (a) PRINT FULL NAME **Willa Loree (Buck) Wilson**

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

3. (c) Social Security No. **478-14-0359**

4. Sex **Female** / Color or race **W**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **3 divorced**

6. (b) Name of husband or wife **Roland L. Wilson**

6. (c) Age of husband or wife if alive **31** years

7. Birth date of deceased **6-20-1912**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	30	9	11	hr. min.

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

10. Usual occupation **Clerk**

11. Industry or business **Insurance Dept of State**

12. Name **John Buck**

13. Birthplace **Bethany, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Dean Oakford**

15. Birthplace **Harrison Co., Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dean Buck**

(b) Address **Bethany, Mo.**

17. (a) **Burial** (b) Date thereof **4-4-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Miriam**

18. (a) Signature of funeral director **L. M. Haas**

(b) Address **Bethany, Mo.**

19. (a) **April 22-1943** (b) **Johanna M. Currie**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Harrison**

(c) City or town **Bethany, Mo.**
(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 _____

20. DATE OF DEATH: Month **April** day **2** year **1943** hour **2** minute **50.9** M.

21. I hereby certify that I attended the deceased from **3-6-1943** to **4-2-1943** that I last saw her alive on **4-2-1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the uterus & of the urinary bladder**

Due to **unknown**

Due to _____

Other conditions **✓**
(Include pregnancy within 3 months of death)

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)

23. Signature **Bruce R. Brown** (M.D. or other) **2**

Address **Wood Hospital** Date signed **4-14-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

S. M. Hoos

Licensed Embalmer No. *1078*

P. O. Address *Bethany 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.