

LED JUN 4 1943

Registration District No. 280

Primary Registration District No. 4423

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Weston
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community no
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Weston
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Ann Nickell Wilson

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James L. Wilson 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 24 1891
(Month) (Day) (Year)

8. AGE: 51 Years 9 Months 31 Days
If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name William Nickell
13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name unknown Kentucky
15. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant James L. Wilson
(b) Address Weston, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25/43
(Month) (Day) (Year)

(c) Place: burial or cremation Kearney, Missouri

18. (a) Signature of funeral director W. R. Vaughn
(b) Address Weston, Missouri

19. (a) 5-5-43 (b) Mrs Clay Spiller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 22
year 1943 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 1, 1939
1939 to Apr 22 1943
that I last saw her alive on Apr 22-43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Chr. Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131 b

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence
(c) Where did injury occur? None
(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

23. Signature R J Felling (M.D. or other) D.O.
Address Weston, Mo Date signed 5/22/43

Duration

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. Platte

District File Number 6-43-55

Date Filed 6-2-43

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

W. R. Vaughn

Licensed Embalmer No.

4023

P.O. Address

Weston, Missouri

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.