

Registration District No. **276**

Primary Registration District No. **5947**

Registrar's No. \_\_\_\_\_

I. PLACE OF DEATH:

(a) County **Phelps**  
(b) City or town **St. James**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. James Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **2 Da.** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Phelps**  
(c) City or town **Rolla**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **42 Great Oaks**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Margaret Louise Wilson**

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

4. Sex **F** 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 **June 22 1943**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days **2** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Nine**

11. Industry or business **Nine**

12. Name **William M. Wilson**

13. Birthplace **Burley Idaho**  
(City, town, or county) (State or foreign country)

14. Maiden name **Betty Ann Edward**

15. Birthplace **Alliance Neb.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **William M. Wilson**

(b) Address **42 Great Oaks, Rolla, Mo**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **6/25/43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Omaha, Neb.**

18. (a) Signature of funeral director **Alfred T. Smith**

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

19. (a) **6-24-1943** (Date received local registrar) (b) **Rolla, Mo.** (City or town) (c) **Chas. Wickham** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**  
year **1943** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **6-22**  
19**43** to **6-24** 19**43**  
that I last saw her alive on **6-23** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **Forceps delivery**

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) (e) Means of injury \_\_\_\_\_

23. Signature **E.E. Fend in D.** (M. D. or other) \_\_\_\_\_  
Address **Rolla Mo** Date signed **6-24-43**

Duration

**2 da.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

31  
03  
0

MOTHER FATHER

**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.....

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.**