

FILED SEP 25 1943

Registration District No. 128

Primary Registration District No. 2008 5465

Registrar's No. 757

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield Rural, N. Campbell Twp.**  
(c) Name of hospital or institution: **R # 4**  
(If not in hospital or institution, write street number or location) **1**  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene**  
(c) City or town **Rural, N. Campbell Twp. 039**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. **R.F. # 4** (If rural, give location) **0**  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **MYRTLE WILSON**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **HARRY L. WILSON** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **FEB. 3 1888**  
(Month) (Day) (Year)

8. AGE: Years **55** Months **7** Days **9** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **CONWAY MO 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **house wife at home**

11. Industry or business **at home**

12. Name **Alfred Rhoten**

13. Birthplace **Wak. Ind. 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Frances G. Graw**

15. Birthplace **Conway Mo. 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry L. Wilson**

(b) Address **R # 4 Springfield, Mo.**

17. (a) **Rural** (b) Date thereof **9-15-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Graham Cemetery**

18. (a) Signature of funeral director **J. W. King**

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

19. (a) **9-14-43** (b) **D. S. W. Haulley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **12<sup>th</sup>**  
year **1943** hour **11** minute **00 P. M.**

21. I hereby certify that I attended the deceased from **7-23 1943** to **9-12 1943**  
that I last saw her alive on **9-12 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Ben. Carcinomatous** Duration **1 yr**  
**Cancer Rt Breast** **8 yrs**

Due to **50**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none done**  
Of autopsy **none done**

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

23. Signature **Robert W. King** (M. D. or other) \_\_\_\_\_  
Address **Springfield, Mo.** Date signed **9-13-43**

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

39  
0  
0

JUL 14 1958

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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

*Ogle Stone Jr.*

Licensed Embalmer No. *4996*

P. O. Address *Springfield*

**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.**