

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 15 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35553

Registration District No. 290

Primary Registration District No. 4430

State File No.

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Crocker
(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
In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Margarett 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, divorced, Widow
6. (b) Name of husband or wife Pleasant Wilson 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 20, 1859 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 7 2 hr. min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name John Brandon
13. Birthplace Not Known (City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace II II (City, town, or county) (State or foreign country)

16. (a) Informant W. L. Wilson
(b) Address Crocker, Mo.

17. (a) burial (b) Date thereof Sept. 22, 43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker, Mo.

18. (a) Signature of funeral director J. L. HOops & SONS
(b) Address Crocker, Mo.

19. (a) 11-8-1943 (b) John McLeod (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Crocker, 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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd
year 1943 hour 10 minute 5 A.M.

21. I hereby certify that I attended the deceased from 7-23 1943 to 9-20 1943;
that I last saw h.c.R. alive on 9-20 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death
CARDIO-RENAL-VASCULAR
DISEASE

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration
10 yrs.

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?

(Specify type of place) While at work? (e) Means of injury

23. Signature John J. Michalicki (M.D. or other) D.O.
Address Crocker, Mo. Date signed 9-22-43

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

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

Paul B. Hooper

Licensed Embalmer No. *3261*

P. O. Address

Greenville, 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.