

FILED JAN 10 1944

Registration District No. _____

Primary Registration District No. 2010

Registrar's No. 420

1. PLACE OF DEATH:

(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether)
In this community Life time (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Cape Girardeau
(c) City or town: Cape Girardeau 16
(If outside city or town limits, write "RURAL")
(d) Street No.: 315 No. Pacific St 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Emma A. 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, ~~widowed~~ ~~divorced~~

6. (b) Name of husband or wife: Dr. Charles Wilson 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Aug - 7 - 1857 (Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace: Cape Girardeau Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

12. Name: Wm. Williams

13. Birthplace: Cape Girardeau Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Louisa Pol

15. Birthplace: Cape Girardeau Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Charles G. Wilson

(b) Address: Cape Girardeau Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 2, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Lorimer Room

18. (a) Signature of funeral director: Walthus Und. Co. (b) Address: Cape Girardeau Mo.

19. (a) 1-3-44 (Date received local registrar) (b) F. M. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 31 year: 1943 hour: 11 minute: 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 18, 1943, to Dec. 31, 1943, that I last saw her alive on Dec. 31, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, Arterial Sclerosis

Duration: 2 mo 1 yr

Due to: _____
Due to: _____

Other conditions: (Include pregnancy within 3 months of death) 93 1/2

Major findings: Of operations: _____
Of autopsy: _____

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: R. A. Ritter, M.D. or other) _____
Address: Cape Girardeau Mo. Date signed: 1-1-44

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

6
1
4

1014

JAN 18 1944

RECEIVED

District Health Officer No. 4

District File Number 144-3192

Date Filed 1-7-44

MAR 6 1944

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 *Virgil K. Kelch*

Licensed Embalmer No. 4102

P. O. Address *Cape Girardeau - 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.