

FILED JAN 10 1944
Registration District No. **53**

Primary Registration District No. **8010**

Registrar's No. **403**

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

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:
344 N. Ellis Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 344 N. Ellis (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME J. Maple Wilson

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

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Aug 10 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>79</u>	<u>4</u>	<u>5</u>	hr. min.
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9. Birthplace Cape Girardeau Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business _____

12. Name Dr. Wm. B. Wilson

13. Birthplace Old Appleton Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna E. Juden

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

16. (a) Informant Mrs. O. L. Wilson

(b) Address Cape Girardeau Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Lorimer Cem.

18. (a) Signature of funeral director Walter H. Und. Co.

(b) Address Cape Girardeau Mo.

19. (a) 12-17-43 (Date received local registrar) (b) F. K. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1943 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from Dec 1 to Dec 15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chf Myocarditis

Due to Acute congestive heart failure

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No.

(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) Manner of injury _____

23. Signature Capit Girardeau (M. D. or other) Date signed 12-17-43

Duration 2960

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 144-3174
Date Filed 1-7-44

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. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.