

FILED DEC 18 1948

Registration District No. 1746

Primary Registration District No. 3026

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 112 W. Moore
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Nancy Jane Wilson

3. (b) If veteran, name war _____

3. (c) Social Security No. 2

4. Sex Female

5. Color or race white

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 Feb. 20 - 1940
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>3</u>	<u>8</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Independence, Missouri
(City, town or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Robert E. Wilson

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

14. Maiden name Georgie E. Akeman

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

16. (a) Informant Mr Robert E. Wilson

(b) Address 112 W. Moore

17. (a) Burial (Burial, cremation or removal) (b) Date thereof Nov. 4, 43
(Month) (Day) (Year)

(c) Place: burial or cremation Miami, Missouri

18. (a) Signature of funeral director W. H. Mitchell

(b) Address 310 N. Main St., Indep. Mo.

19. (a) 11-4-43 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 112 W. Moore
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2
year 1943 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from 11-1
1943, to 11-2, 1943.

that I last saw him alive on 11-2, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration _____

Due to myocardial heart

Due to intermittent septal

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

Major findings:
Of operations _____

Of autopsy 157e

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 [Signature] (M. D. or other) _____

Address Indep. Mo. Date signed 11/4/43

inter-ventricular Septum

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.