

FILED DEC 17 1943  
Registration District No. 381

Primary Registration District No. 6142

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Rural - Jefferson Twp  
(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 \_\_\_\_\_ (Specify whether)  
In this community 70 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Jefferson Twp  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NANNY Terrell Wilson  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex fe 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Robert Wilson 6. (c) Age of husband or wife if alive 96 years  
7. Birth date of deceased Nov 9 1847  
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Eliqa Terrell  
13. Birthplace unknown  
14. Maiden name Martha Wilson  
15. Birthplace unknown

16. (a) Informant Mrs. Tom Nelson

(b) Address Clarence, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Union - Clarence

18. (a) Signature of funeral director E. C. Hopper

(b) Address Clarence, Mo

19. (a) Nov. 15-43 (Date received local registrar) (b) Madge Good (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 year 1943 hour \_\_\_\_\_ minute 12:00 M.

21. I hereby certify that I attended the deceased from Oct 22 1943 to Oct 30 1943 that I last saw her alive on Oct 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration 3 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 D. L. Kulan (M. D. or other) \_\_\_\_\_

Address Clarence Mo Date signed Nov 1943

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

FATHER {  
MOTHER {

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 12-43-2009

Date Filed DEC 15 1943

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..... *Louis E. Hopper*.....

Licensed Embalmer No. 4261.....

P. O. Address..... *Clarence 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.