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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1944

Registration District No. 136

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 7481

Registrar's No. 80

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution:
St. Johns Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 42 years

2. USUAL RESIDENCE OF DECEASED: 49

(a) State: Missouri (b) County: Jasper 0

(c) City or town: Webb City 0
(If outside city or town limits, write "RURAL")

(d) Street No.: R.R.#1
(If rural, give location)

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

3. (a) PRINT FULL NAME: Mrs. Lora Wilson

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: W.

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

6. (b) Name of husband or wife: Oscar Wilson

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

7. Birth date of deceased: April (Month) 9 (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
45	9	27	..... hr. ..... min.

9. Birthplace: Lawrence County (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Dan Williamson
13. Birthplace: no data (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Mary Brown
15. Birthplace: no data (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant: Husband Oscar Wilson
(b) Address: Webb City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/ 9/ 44 (Month) (Day) (Year)
(c) Place: burial or cremation: Carterville Cemetery

18. (a) Signature of funeral director: [illegible]
(b) Address: Webb City, Missouri

19. (a) 2-10-44 (Date received local registrar) (b) Gertrude Duckworth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6th year 1944 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 1/14/44, 19..., to Feb. 6, 1944, 19...; that I last saw her alive on Feb. 6, 1944, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized carcinomatosis ovary — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Carcinoma ovary

Of autopsy: no

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: Edmund Johnson M.D. (M.D., coroner)
Address: 617 Frisco Bldg. Joplin, Mo. Date signed 2/11/44

(Licensed Embalmer's Statement on Reverse Side)

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44-2-142

Thomson

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.