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FILED APR 13 1944

Registration District No. ....

Primary Registration District No. 3053

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Shelby Co Mo  
(b) City or town Rolla Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McFarland Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Only few hrs  
In this community Life (Specify whether 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. Route 2  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME

Anna Frances Wilson  
3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex ♀ 5. Color or race White 6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Thomas Wilson 6. (c) Age of husband or wife if alive, years Aug 11, 1910  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 33 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Shelby Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Stamper

11. Industry or business

MOTHER FATHER  
12. Name L. J. Owsley  
13. Birthplace Mo (City, town, or county) (State or foreign country)  
14. Maiden name Wibrah J. Owsley  
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. T. Owsley

(b) Address Rolla Mo

17. (a) Burial (b) Date thereof 3-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Mo

18. (a) Signature of funeral director Rolla Mo  
(b) Address Rolla Mo  
19. (a) 3/19/44 (b) Kelleys  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15  
year 1944 hour 9 minute 50 a. M.

21. I hereby certify that I attended the deceased from 3:00 am  
March 13, 1944, to March 15, 1944;  
that I last saw her alive on March 15, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Purpural Colapsus Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

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) (c) In case of injury

23. Signature Wm. McFarland  
Address Rolla Mo Date signed 3/18/44

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

1092

**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..... *S. L. Jones* .....

Licensed Embalmer No..... *3394* .....

P. O. Address..... *Rolla 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.**