

FILED MAY 12 1944

State File No.

Registration District No.

Primary Registration District No. 3000

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Wardsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Langhlin Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks & days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Union Prof
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice Pearl Wilson

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

4. Sex F. M. 5. Color or race W 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 July 28 1896
(Month) (Day) (Year)

8. AGE: Years 47 Months 8 Days 6 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name G. R. Wilson

13. Birthplace Clark Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Emma Jane Rowland

15. Birthplace York Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Wilson

(b) Address Kahoka Mo

17. (a) Burial (b) Date thereof 4-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graveside Home Cemetery

18. (a) Signature of funeral director Paul Langhlin

(b) Address Wardsville Mo

19. (a) 4/12/44 (b) Dr. J. H. Wagner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1944 hour 1 minute AM M.

21. I hereby certify that I attended the deceased from Feb 28 1944 to April 4 1944
that I last saw her alive on Apr 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated heart lesion

Due to toxic edema of thyroid

Due to
Other conditions nephritis, high blood pressure, etc
(Include pregnancy within 3 months of death)

Major findings: rigid / thyroid
Of operations arterial (superior)
Of autopsy SSC

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 2
23. Signature Paul Langhlin (M. D. or other) D.O.
Address Wardsville Mo Date signed 4-11-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 5-44-953

Date Filed MAY 1 1 1911

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 Mrs. Laura Riley

Licensed Embalmer No. 3907

P.O. Address Knicksville 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.