U. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14285

FILED MAY 11 1944

Registration District No. ____ Primary Registration District No. 5146 Registrar's No. 18

13 0 0

1. PLACE OF DEATH:
(a) County: Caldwell.
(b) City or town: "Rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Davis-Town-ship.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ____ In this community: Past fifty years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri, (b) County: Caldwell. 13
(c) City or town: "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Davis-Township, 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Nancy Alice Wilson,
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) [redacted], married: Married
6. (b) Name of husband or wife: Walter W. Wilson,
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: Nov.-2nd.,-1874. (Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 8 If less than one day: ____ hr. ____ min.

9. Birthplace: Ray County,-- (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation: House-wife,
11. Industry or business: House Keeping,
FATHER 12. Name: Jesse A. Tevault,
13. Birthplace: Carroll County,-Missouri, (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Sarah E. Coggburn,
15. Birthplace: Carroll County,- Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Walter W. Wilson,
(b) Address: Braymer, Mo.,
17. (a) --Burial------ (Burial, cremation, or removal) (b) Date thereof: April-12-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Evergreen Cemetery.
18. (a) Signature of funeral director: E. F. Michael
(b) Address: Braymer, Mo.
19. (a) Apr 15-1944 (Date received local registrar) (b) E. A. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 10th year 1944 hour 10 AM minute ____ M.
21. I hereby certify that I attended the deceased from APR 9th 1944, 19__, to APR 10th, 1944; that I last saw h__ alive on APR 10th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
ANGINA PECTORIS	15 HRS.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): C L Woolsey	

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? (Specify type of place): —
While at work? (e) Means of injury: —
23. Signature: C. L. Woolsey M.D. (M. D. or other)
Address: Braymer, Mo. Date signed: 4/10/44

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(Licensed Embalmer's Statement on Reverse Side)

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 E. R. Michael

Licensed Embalmer No. 1363,

P. O. Address Braymer, 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.