

Registration District No. 161-

Primary Registration District No. 5594

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town CEDAR HILL MERAMEEC
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Own Home Cedar Hill-Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON
(c) City or town RURAL CEDAR HILL
(If outside city or town limits, write "RURAL")
(d) Street No. (MERAMEEC TOWNSHIP)
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROSE ELLEN BOHLE WILSON

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HENRY BOHLE 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased MARCH 4 - 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 2 If less than one day hr. _____ min. _____

9. Birthplace CEDAR HILL MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

12. Name ISAAC WILSON

13. Birthplace LA CROSSE WISCONSIN
(City, town, or county) (State or foreign country)

14. Maiden name LEA

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

16. (a) Informant Henry Bohle

(b) Address Cedar Hill MO

17. (a) BURIAL (b) Date thereof FEB 9 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK ST. LOUIS

18. (a) Signature of funeral director _____

(b) Address House Springs Mo

19. (a) 2/7/44 (b) J. D. Stoeckle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 6
year 1944 hour _____ minute 7:50 P.M.

21. I hereby certify that I attended the deceased from 6/1, 1943, to 2/6, 1944; that I last saw her alive on 2/6, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2da

Due to Hypertensive heart disease 8mo

Due to Hypertension

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 93d

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) no

(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 J. D. Stoeckle (M. D. or other) M.D.
Address 104 N. Adams, Kirksville Date signed 2/7/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

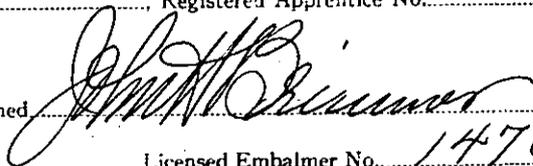
District File Number.....

Date Filed 4-18-44

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. 1470.....

P. O. Address.....

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.