DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15077

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 27

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lexington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 265 N. 17 St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifetime (Specify whether In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 154
(c) City or town Lexington (If outside city or town limits, write "RURAL")
(d) Street No. 265 N. 17 St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Carrie Duke Wilson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 3 5. Color or race Negro 1 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James Wilson 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased August 8 - 1877 (Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 19 If less than one day — hr. — min.

9. Birthplace Lexington (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House wife
11. Industry or business Home keeping
FATHER 12. Name George Walker
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Vanner Walker
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant James H Wilson
(b) Address 265 N. 17 St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-44 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Lawn
18. (a) Signature of funeral director Gysin & Sons
(b) Address 204 So 24 St Lexington
19. (a) May-1-44 (Date received local registrar) (b) Mrs. Fred Schwab (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1944 hour 9 minute 25 P.M.
21. I hereby certify that I attended the deceased from April 25, 1944, to April 27, 1944; that I last saw her alive on April 27, 1944, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Pulmonary Edema with Acute Myocardial degeneration	24 hr.
Due to: Chronic Myocarditis with glomerular nephritis.	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131 P

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 D. L. Bellhorn (M.D. or other) D.O.
Address Lexington Mo Date signed 5-1-44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 2-5-47
Date Filed

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 George H. Green

Licensed Embalmer No. 4220

P. O. Address Springfield, Mo

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

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