

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15553

FILED MAY 8 1944

State File No. _____

Registration District No. 290

Primary Registration District No. 5987

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Margaret Ann Wilson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9 7 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 6 14 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Barnes
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ed George
(b) Address Dixon, Missouri
17. (a) Burial (b) Date thereof 3/24/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pisgah

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri
19. (a) Apr 10 1944 (b) Chas M O'Neil
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 21
year 1944 hour 10 minute 30 AM.

21. I hereby certify that I attended the deceased from Feb 15 44 to Mar 1 44
that I last saw her alive on Mar 1 44
and that death occurred on the date and hour stated above.

(Immediate cause of death) mitral insufficiency 1 yr
myocardial weakness 1 yr

(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?

(Specify type of place) _____
While at work? _____ Means of injury _____
23. Signature Ronley Gates (M. D. or other) D.O.
(Address Dixon, Mo Date signed 4-4-44)

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

3221-44
working under my personal supervision.

Registered Apprentice No.....

Signed Fred M. Gilbert

Licensed Embalmer No. 2341b

P. O. Address Dixon, Missouri

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.