

FILED NOV 13 1944

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 297

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 0
(Specify whether years, months or days)
 In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
 (c) City or town Hannibal
(If outside city or town limits, write "RURAL")
 (d) Street No. 2700 Hubbard
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
 year 1944 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept 13, 1943 to 9-16, 1944
 that I last saw her alive on 9-16, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death General arteriosclerosis
 Duration 8 yrs

Due to Paraplegia 5 yrs

Due to 61

Other conditions Dr. late 5 yrs
(Include pregnancy within 3 months of death)

Major findings:
 Of operations -
 Of autopsy -
 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 Spurial Judicial (M. D. or other) M
 Address Hannibal Mo. Date signed 9-21-44

3. (a) PRINT FULL NAME STella May 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 Married
 6. (b) Name of husband or wife Harley G. Wilson 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Nov. 22 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name George N. Eales

13. Birthplace Rolls County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Francis Eales

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

16. (a) Informant Glen Wilson

(b) Address Hannibal, Mo.

17. (a) Burial (b) Date thereof 9-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Roy T. Schwart

(b) Address 1000 Broadway

19. (a) 9-26-44 (b) R. H. Connor
(Date received local registrar) (Registrar's signature)

1146

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

434

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

Jack H. Lohman

Licensed Embalmer No. *4110*

P. O. Address *Minneapolis, 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.