No. 2
8-43
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35082

Registration District No. 292 — Primary Registration District No. 6000 — Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Center R F D Jasper Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
At home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ralls 87
(c) City or town Center R F D
(If outside city or town limits, write "RURAL") 0
(d) Street No. Jasper Township
(If rural, give location) 0
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eva L 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 Virgil Wilson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 4 1874 (Month) (Day) (Year)
8. AGE Years 70 Months 2 Days 21 If less than one day hr. min.
9. Birthplace Pike Co Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation House-Wife
11. Industry or business Own home

FATHER
12. Name David Harlinger
13. Birthplace Mo 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ardemesia Busby
15. Birthplace Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Geo Wilson
(b) Address Center Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 27 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery
18. (a) Signature of funeral director
(b) Address Center Mo
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1944 hour 11 minute 40p M.
21. I hereby certify that I attended the deceased from Oct. 17, 1944 to Oct. 25, 1944
that I last saw her alive on Oct. 24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration 9 days
Due to unknown
Due to unknown
Other conditions unknown
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

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. H. Brooks (M.D. or other) Do.
Address Center, Mo. Date signed 11-1-44

1135 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-44-1908
Date Filed NOV 1 0 1944

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 [signature]

Licensed Embalmer No. 4263

P. O. Address Center 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.

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 292 Primary Registration District No. 6000 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Ralls
(b) City or town R F D Jasper Twp (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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

3. (a) PRINT FULL NAME Eva L. Wilson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 4 (Day) 1874 (Year)
8. AGE: Years 70 Months 2 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Nov. 2-1944 (Date received local registrar) (b) Mrs. Earl Perkinson (Registrar's signature)

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

	Duration
Immediate cause of death	
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? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

35087