

S. No. 2  
M-8-43  
5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40551**

FILED JAN 15 1945

Registration District No. **10**

Primary Registration District No. **3002**

Registrar's No. **164**

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

1. PLACE OF DEATH:  
 (a) County **Audrain**  
 (b) City or town **Mexico**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**1022 W. Emmons St.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1**  
(Specify whether)  
 In this community **25 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **MO.** (b) County **Audrain**  
 (c) City or town **Mexico**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1022 W. Emmons**  
(If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country **17**

3. (a) PRINT FULL NAME **Ida Wilson**  
 (b) If veteran, name war **No**  
 (c) Social Security No. **NO**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **12** day **6**  
 year **1944** hour **5** minute **—** M.  
 21. I hereby certify that I attended the deceased from **4-24-43**  
 19 **—**, to **12-6-44**  
 that I last saw her alive on **12-5-44**  
 and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **M**  
 (b) Name of husband or wife **Arthur Wilson**  
 (c) Age of husband or wife if alive **—** years  
 7. Birth date of deceased **March 15, 1879**  
(Month) (Day) (Year)

Immediate cause of death **Carcinoma** Duration **—**  
 Due to **Carcinoma of Cecum**  
 Due to **Carcinoma of Uterus**  
 Other conditions **—**  
(Include pregnancy within 3 months of death)

8. AGE: Years **65** Months **8** Days **21**  
 If less than one day **—** hr. **—** min.

Major findings: **48 lb**  
 Of operations **—**  
 Of autopsy **—**  
 PHYSICIAN **—**  
 Underline the cause to which death should be charged statistically.

9. Birthplace **Boone County, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **—**

MOTHER FATHER  
 12. Name **Daniel Bybee**  
 13. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Delylia Plamer**  
 15. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur Wilson**

(b) Address **Mexico, Mo.**

17. (a) **Burial** (b) Date thereof **12/7/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Wm Arnold**

(b) Address **Mexico, Mo.**

19. (a) **12/6/1944** (b) **Margaret H Markie**  
(Date received local registrar) (Registrar's signature)

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 **John A. Owen** (M.D. or other) **Do.**  
 Address **Mexico Mo** Date signed **12-6-1944**

RECEIVED  
District Health Officer No. 10  
District File Number 1-45-164  
Date Filed JAN 12 1945

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 *W. W. Arnold*

Licensed Embalmer No. 3569

P. O. Address *Myrica, 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.