S. No. 2
M—2-43
5-17-39
PI X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 41811

Registration District No. 268 Primary Registration District No. 5906 Registrar's No.

**1. PLACE OF DEATH:**

(a) County Pemiscot

(b) City or town Rural Godair 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 1 (Specify whether In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Pemiscott

(c) City or town Rural Godair (If outside city or town limits, write "RURAL")

(d) Street No. Near Netherlands (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** SHERON JANNETTE 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 U

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: July (Month) 24 (Day) 1944 (Year)

8. AGE: Years | Months 4 Mo. | Days 29 | If less than one day hr. min.

9. Birthplace Wardell Mo (City, town, or county) 11 (State or foreign country)

10. Usual occupation Baby

11. Industry or business

FATHER
12. Name Dee Wilson Jr.
13. Birthplace Wardell Mo (City, town, or county) 11 (State or foreign country)

MOTHER
14. Maiden name Guillia Holley
15. Birthplace Marion Co Ala (City, town, or county) 1 (State or foreign country)

16. (a) Informant Dee Wilson Jr.

(b) Address Wardell Mo.

17. (a) Dec. 24 1944 (Burial, [redacted]) (b) Date thereof 12-24-44 (Month) (Day) (Year)

(c) Place: burial or cremation Wardell Mo

18. (a) Signature of funeral director Wardell Funeral Home

(b) Address Wardell Mo.

19. (a) 12 24 1944 (Date received local registrar) (b) J R Creasy (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12 day 23 year 1944 hour about 5 minute A. 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.

Immediate cause of death This Baby was found dead in Bed altho it had been sick for some

Due to time due to lack of nurshment

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 189
Of autopsy 41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 078

(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 Jack Kelley 3 Coroner (M.D. or other)

Address Hayti Mo Date signed 12-24-44

(Licensed Embalmer's Statement on Reverse Side)

590

12-44-269

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville 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.**