S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2936

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 43

1. PLACE OF DEATH:
(a) County MORGAN
(b) City or town VERSAILLES MO
(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 50 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County MORGAN 71
(c) City or town VERSAILLES 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ALICE ROE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT (Month) 29 (Day) 1870 (Year)

8. AGE: Years 74 Months 2 Days 4 If less than one day hr. min.

9. Birthplace MORGAN (City, town, or county) CO MO (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
FATHER
12. Name ASBURY WILLSON
13. Birthplace TENN (STATE) (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name AMANDA REED
15. Birthplace TENN (STATE) (City, town, or county) (State or foreign country)
16. (a) Informant Mrs D. K. Hunter
(b) Address Versailles Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-4-44 (Month) (Day) (Year)
(c) Place: burial or cremation VERSAILLES-CEM
18. (a) Signature of funeral director [illegible]
(b) Address Versailles Mo
19. (a) 12-3-1944 (Date received local registrar) (b) Roy Berkstresser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2nd year 1944 hour 8 minute A. M.
21. I hereby certify that I attended the deceased from Apr 1, 1944 to Dec 2, 1944 that I last saw her alive on Dec 1, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	8 mos
Due to	
Due to unknown	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
94a

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 A J Gunn (M. D. ~~or other~~) 0
Address Versailles Mo Date signed 12/3/44

1029

(Licensed Embalmer's Statement on Reverse Side)

Registered
District Health Officer No. 7,
District File Number 1-43-89
Date Filed 3-9-43

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 [illegible signature]

Licensed Embalmer No. 1596

P. O. Address Kewaunee Wis

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.