

No. 2
5-542
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3879

FILED FEB 27 1945

Registration District No. 36

Primary Registration District No. 6230

Registrar's No.

1. PLACE OF DEATH:

(a) County VERNON METZ

(b) City or town RURAL RICH HILL
(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 70 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Vernon

(c) City or town Rural Rich Hill 6 mi
(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 NANCY R. NETTIE WILSON

3. (b) If veteran, name war -

3. (c) Social Security No. -

20. DATE OF DEATH: Month JAN. day 9
year 1945 hour 10 30 minute P. M.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife JAMES W. WILSON

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Nov. 17, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 11, 1944 to Jan 9, 1945
that I last saw him alive on Jan 9, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 1 Days 23
If less than one day hr. _____ min. _____

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

9. Birthplace Papinsville MO.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) None

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name HURST

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Carl Wilson

(b) Address Rich Hill MO

17. (a) Burial (b) Date thereof Jan 12, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Balltown

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? _____

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

(b) Address Rich Hill MO

19. (a) Jan 14, 1945 (b) Mrs W. Charles
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed Jan 11, 1945

1225

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District No. 1-45-8
Date Filed 2-5-45

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 John G. Greenwood
Licensed Embalmer No. 3585
P. O. Address Butler, Ma

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.