

FILED APR 23 1945

Registration District No. 134

Primary Registration District No. 4207

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town BLYTHEDALE
(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 years, months or days)

In this community 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SUE ANN WILSON

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased September 19 1944
(Month) (Day) (Year)

8. AGE: Years 6 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Bethany Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Juan O. Wilson

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

14. Maiden name Marcell Pierce

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

16. (a) Informant Marcell Pierce

(b) Address Blythedale Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Fedders Hill Cemetery

18. (a) Signature of funeral director Edith Clark

(b) Address Parisville Mo

19. (a) 4-4-45 (Date received local registrar) (b) S. Pha Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1945 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 22, 1944, to Mar 19, 1945;
that I last saw her alive on Mar 18, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Bronchial Pneumonia 1 day

Due to Cardiac Decompensation

Due to Patent foramen Ovale

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy 1572

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. B. Shaw (M.D. or other) Dr

Address Blythedale Mo Date signed 3/19/45

1123

STATEMENT BY LICENSED EMBALMER

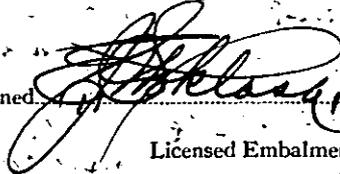
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Eddie J. STOKLASA

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No.

3604

P. O. Address

Sainsville 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.