S. No. 2
M—8-43
5-17-39
PI X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14343

Registration District No. 292 Primary Registration District No. 6001 Registrar's No.

1. PLACE OF DEATH:
(a) County Ralls
(b) City or town Rural Saline Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe City R.F.D.2
(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 62 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Monroe City R.F.D.2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie Taylor Wilson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Samuel Wilson
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased September (Month) 5 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
76	6	19	hr. min.

9. Birthplace Marion County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Thomas Young
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mickie Adams
15. Birthplace Marion County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant H. Dewrout Wilson
(b) Address Monroe City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26/45 (Month) (Day) (Year)
(c) Place: burial or cremation St Judes, Monroe City
18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City Mo
19. (a) 3-28-1945 (Date received local registrar) (b) Mr. Earl Parkinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1945 hour 9 minutes 20 P.M.
21. I hereby certify that I attended the deceased from Feb 2 1945, to March 24 1945, that I last saw he alive on March 20 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebro-Renal Sclerosis	10 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility	
Major findings: Of operations	
Of autopsy 131 w	

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 M. L. Phipps (M. D. or other) MD
Address Monroe City Date signed 3-26-45

1135

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-45-695
Date Filed APR 13 1945

NOV 5 1994

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 By me

, Registered Apprentice No.

working under my personal supervision.

Signed Leslie L. Nelson

Licensed Embalmer No. 3014

P. O. Address Neosho 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.