S. No. 2
I—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17433

Registration District No. 187 | Primary Registration District No. 3040 | Registrar's No. 73

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 601 Jackson Street
(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 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 601 Jackson Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CORA BELL 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 Widowed
6. (b) Name of husband or wife William James Wilson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 23rd. (Day) 1869 (Year)
8. AGE: Years 76 | Months 4 | Days 1 | If less than one day hr. min.
9. Birthplace Grundy County, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Newton Beckner
13. Birthplace (City, town, or county) Ind. (State or foreign country)
14. Maiden name Mary E. Sherrow
15. Birthplace (City, town, or county) Ind. (State or foreign country)
16. (a) Informant Virgil Wilson
(b) Address Chillicothe, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5- 26- 45 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery
18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri.
19. (a) May 25 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th. year 1945 hour 6:05 minute A. M.
21. I hereby certify that I attended the deceased from May 24, 1945 to May 24, 1945 that I last saw him alive on May 24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 E. M. Grace (M. D. or other)
Address Chillicothe Mo Date signed 5/25/45

458 (Licensed Embalmer's Statement on Reverse Side)

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~~

Elmer Thomas, Registered Apprentice No.

working under my personal supervision.

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Chillicothe 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.