S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34486

State File No.

FILED OCT 22 1945

Registration District No. Primary Registration District No. 44 36 Registrar's No. 30

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town Appleton City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(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 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Clair 93
(c) City or town Appleton City 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rachel Maria Wilson
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Fem 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Charles Wilson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 9 (Day) 1853 (Year)

8. AGE: Years 61 Months 3 Days 27 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country) 1
10. Usual occupation Housekeeping
11. Industry or business
FATHER 12. Name Martin L. Fry
13. Birthplace (City, town, or county) Penn (State or foreign country) 1
MOTHER 14. Maiden name Emma L. Bowles
15. Birthplace (City, town, or county) Ill (State or foreign country) 1
16. (a) Informant Ella Cline
(b) Address 1272 College St Topeka Kan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 8 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Appleton City Cem
18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo
19. (a) February 9 1945 (Date received local registrar) (b) Ora M. Wells (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1945 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 26, 1945, to Feb. 6, 1945 that I last saw h alive on Feb 6, 1945 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Heart failure
Bronchopneumonia
Due to Bronchitis
Due to Exposure
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 108

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 R. L. Hanson (M. D. or other) M.D.
Address Appleton City Mo Date signed 2-9-45

1358 (Licensed Embalmer's Statement on Reverse Side)

REC... No. 7
L... 9-45-1036
Dis...
Date Filed 10-19-45

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 Me on the 6th day of Feb. 1945, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.