S. No. 2
M—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3053

Registration District No. 1516 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(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 72 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 29th and Empire 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country No

3. (a) PRINT FULL NAME Lydia P. Wilson
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Fem. /
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James S. Wilson
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Sept. 19, 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	3	30	hr. min.

9. Birthplace Newton Co. Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER
12. Name Edgar Dixon
13. Birthplace Michigan (City, town, or county) no record (State or foreign country) /
FATHER
14. Maiden name no record
15. Birthplace (City, town, or county) (State or foreign country) 4
16. (a) Informant James S. Wilson
(b) Address 29th & Empire, Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23, 46 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery.
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.
19. (a) 1-31-46 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 18 day 1946 year hour 8-15 P.M. minute M.
21. I hereby certify that I attended the deceased from Did Not attend 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	
Due to Senile Atrophy	
Due to Arteria-Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

Coroners Investigation

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 D. W. Stringfellow (Coroner) (Other) DO
Address 214 Joplin Date signed 1/19/46

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(Licensed Embalmer's Statement on Reverse Side)

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

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JAN 20 1946

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.....

Licensed Embalmer No.....

P. O. Address.....

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.