S. No. 2
DM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3522

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 24

1699

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

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 624 West 3rd street 2
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jennie Saunders Wilfley

3. (b) If veteran, name war
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 George Wilfley
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 22, 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Maryville, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business

FATHER
12. Name James H. Saunders
13. Birthplace Kent 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Ray
15. Birthplace Bordstown Kent. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Geneva Wilfley
(b) Address Maryville, Missouri
17. (a) burial (b) Date thereof 1-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.
19. (a) Jan 30-46 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27
year 1946 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from August 1 1945, to Jan 27 1946 that I last saw her alive on Jan 27 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Severe Hemiplegia of left side from rupture of Branch of Mid Meningeal Arteries

Due to Arteriosclerosis with Hypertension, Similitis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 97

Duration

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 Chas. F. Bell (M. D. or other) M.D.
Address Maryville, Mo. Date signed 1/28/46

229 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John W. Price.

Licensed Embalmer No. 4281

P. O. Address Maryville 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.