S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6012

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 72

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 310 E. Walnut (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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Independence (If outside city or town limits, write "RURAL")

(d) Street No. 310 E. Walnut (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mollie 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 Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Feb. (Month) 8 (Day) 1862 (Year)

8. AGE: Years 84 Months → Days 12 If less than one day hr. min.

9. Birthplace Independence (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business

MOTHER FATHER

12. Name David Henry Wilson

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Lucy Jane Howel

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Martha Ann Head

(b) Address 1309 So Logan St Indep Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22-46 (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cemetery

18. (a) Signature of funeral director Ott & Mitchell

(b) Address 310 No. Main St, Indep, Mo.

19. (a) 2-21-46 (Date received local registrar) (b) James W. Coe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1946. hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from February 18, 1946 to February 21, 1946 that I last saw him alive on February 19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy None

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 C. H. Allen M.D. (M. D. or other)

Address Independence, Mo. Date signed 2-21-46

554 (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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Henry A. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence, 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.