. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15430

State File No. 15430

Registration District No. 340 Primary Registration District No. 4503 Registrar's No. 5

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bernie (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S.E. Section of Bernie, Mo. (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 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot 78
(c) City or town Holland 0 (If outside city or town limits, write "RURAL")
(d) Street No. — 0 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Pearl Wilson
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 Married
6. (b) Name of husband or wife John Boyd Wilson
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased November (Month) 4 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
51	5	22	hr. min.

9. Birthplace Dunklin County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name Allie Hodge 9
FATHER 13. Birthplace Unknown (City, town, or county) (State or foreign country) 1
MOTHER 14. Maiden name Ida Stinnet
MOTHER 15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant John W. Wilson 1
(b) Address Holland Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/46 (Month) (Day) (Year)
(c) Place: burial or cremation Steele, Missouri
18. (a) Signature of funeral director Robert E. Green
(b) Address Bernie Mo.
19. (a) 4-28-46 (Date received local registrar) (b) Lottie Jeffress (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1946 hour 6 minute 15 P.M.
21. I hereby certify that I attended the deceased from Nov. 31, 1945 to April 26, 1946 that I last saw her alive on April 26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of the digestive organs and peritoneum	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 46h	

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 9
23. Signature F. O. Kelly M.D. or other O.
Address Bernie Mo. Date signed 4/27/46

(Licensed Embalmer's Statement on Reverse Side)

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

357

RECEIVED
District Health Office No. 2,
District File Number 546-554
Date Filed 5-4-46

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 J. D. Schuerman

Licensed Embalmer No. 4086

P. O. Address Maui

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.