

FILED JUN 10 1948

Registration District No. 291

Primary Registration District No. 5988

Registrar's No. 38

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

1. PLACE OF DEATH:

(a) County PuT NAM

(b) City or town HARTFORD Flm
(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 _____)
In this community lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PuT NAM

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH M. Wilson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 20
year 1946 hour 6 minute 35 P.M.

3. (b) If veteran, name war No

3. (c) Social Security No. No

21. I hereby certify that I attended the deceased from Jan 2
1946 to May 20 1946
that I last saw her alive on May 20 1946
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Will Wilson

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

7. Birth date of deceased SEPTEMBER 14 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 6
If less than one day _____ hr. _____ min.

Due to Cerebral hemorrhage 6 days
arteriosclerosis
Due to hypertension of 20 years
Chronic glomerulo-nephritis

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace PuT NAM Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

Major findings:
Of operations _____
Of autopsy 730

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name William J. BRADSHAW

13. Birthplace D. O. Not known
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA ANN MYERS

15. Birthplace D. O. Not known
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Leah L. Trammel

(b) Address Hartford Mo.

17. (a) BURIAL (b) Date thereof May 22 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HARTFORD CEMETERY

While at work _____ (Specify, if at place) (c) Means of injury _____

23. Signature Phas L. Fred (M. D. or other) Do
Address Unionville Mo Date signed 5-21-46

18. (a) Signature of funeral director AMSTOCK FUNERAL HOME

(b) Address Unionville, Mo. By John Amstock

19. (a) 5-30-46 (b) McNeill, Durbin
(Date received local registrar) (Registrar's signature)

266

JUL 29 1946

MAY 6 1947

JUL 30 1947

RECEIVED

District Health Officer No. 10

District File Number 6-46-1088

Date Filed JUN 6 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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.