

**FILED** JUL 16 1946

STANDARD CERTIFICATE OF DEATH

State File No. **24046**

Registration District No. **156**

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: **St. John Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 days**  
(Specify whether years, months or days)  
 In this community **20 years**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jasper** **49**  
 (c) City or town **Joplin**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **503 McConnell**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Martha Nan Wilson**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **June** day **3**  
 year **1946** hour **12** minut **30** P.M.  
 21. I hereby certify that I attended the deceased from **Jan 1/46**  
 \_\_\_\_\_ 19 \_\_\_\_\_ to **June 3/46** 19 **46**  
 that I last saw h. **af.** alive on **June 3/46** 19 \_\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex **Female** / 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Woodrow Wilson** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: **March 25, 1920**  
(Month) (Day) (Year)

Immediate cause of death  
**Pulmonary Embolism**  
 Due to **Pelvic Surgery**  
 Due to **Recurrent Pelvic Peritonitis & Septicemia**  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**26** **2** **9** **6** hr. min.

Major findings:  
 Of operations **Bilateral Ovarian cysts**  
**int. Myometritis**  
 Of autopsy **139a**

9. Birthplace **Webb City Missouri**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Housewife**

11. Industry or business **Home**  
 12. Name **Hardin Treadway**  
 13. Birthplace **Unknown Missouri**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Della Parish**  
 15. Birthplace **Unknown Kansas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Woodrow Wilson**  
 (b) Address **503 McConnell, Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **6-6-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Ozark Memorial Park**

18. (a) Signature of funeral director **Parker Hunsaker**  
 (b) Address **1502 Joplin, Joplin, Mo.**

19. (a) **6-8-46** (b) **Ed Johnson**  
(Date received local registrar) (Registrar's signature)

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?  
 While at work? \_\_\_\_\_  
(Specify type of place) (Cause of injury)  
 23. Signature **Ed Johnson** (M. D. or other) \_\_\_\_\_  
 Address **109 Joplin St** Date signed **6/4/46**

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

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

MOTHER FATHER

76-6-528

NOV 22 1949

APR 16 1949

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Top line me

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.