S. No. 2
OM—5-43
v. 5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26387

State File No.

FILED AUG 20 1946

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 907

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2514 Bartlett St.
(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 11
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2514 Bartlett St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Carol Lee Wilson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 12, (Day) 1944 (Year)

8. AGE: Years 2 Months 2 Days 29 If less than one day hr. min.

9. Birthplace St. Joseph, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business None
FATHER
12. Name Fred Wilson
13. Birthplace Villisca, Iowa (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Oscea Lofts
15. Birthplace Villisca, Iowa (City, town, or county) (State or foreign country)
16. (a) Informant Fred Wilson
(b) Address 2514 Bartlett
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director John E. Kupp
(b) Address 6054 Pryor Ave., City
19. (a) Aug. 14, 1946 (Date received local registrar) H. J. Mistrauch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11, year 1946 hour 8 minute 35 A. M.

21. I hereby certify that I attended the deceased from 8-10, 1946, to 8-11, 1946, that I last saw her alive on 8-10, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	3-4 days
Due to Pertussis	3 weeks
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) none
(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. J. Gross (M. D. or other) DO
Address 5008 King Hill Ave. St. Joseph, 45, Mo. Date signed 8-12-46

(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, ~~under~~ .....

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

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.