

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

338001

State File No. ....

Registration District No. ....

Primary Registration District No. 6004

Registrar's No. 25

## 1. PLACE OF DEATH:

(a) County Halls  
 (b) City or town Saverton  
 (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 \_\_\_\_\_  
 years, months or days

3. (a) PRINT  
FULL NAMEMary Belle Wilson3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Thomas Wilson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased November 6, 1873  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 12 hr. min.

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

10. Usual occupation XX11. Industry or business XX

MOTHER FATHER  
 12. Name Belthaser Knoepfel  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Bellville  
 15. Birthplace West Virginia  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clarence Johnson  
 (b) Address Saverton Missouri

17. (a) Burial (b) Date thereof 11/20/46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cemetery(d) Signature of funeral director W. H. H. H. H.(b) Address 902 Broadway Hannibal Missouri

19. (a) 11-23-46 (b) W. H. H. H.  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Halls  
 (c) City or town Saverton  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18  
 year 1946 hour 10: minute 15 M.

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

Immediate cause of death Cancer of stomach  
 Due to metastasis of cancer

Due to \_\_\_\_\_

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations 46 B

Of autopsy \_\_\_\_\_

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 1

23. Signature W. H. H. H. (M: D: or other)Address Hannibal Mo Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 2 1946

RECEIVED  
District Health Officer No. 10  
District File Number 11-46-21  
Date Filed NOV 26 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.....

*W. Crawford Smith*

Licensed Embalmer No. 7814

P. O. Address Hannibal Missouri

**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.**