

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 14 1947

Registration District No. 374

Primary Registration District No. 6275

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Rural
(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 50 yrs. years, months or days

3. (a) PRINT FULL NAME Melissa Bremer Wilson
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John T. Wilson 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased May 28 1855
(Month) (Day) (Year)

8. AGE: Years 91 Months 7 Days 02 If less than one day _____ hr. _____ min.

9. Birthplace Winterset Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Bremer
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Pearson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John Wilson
(b) Address Grant City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-46
(Month) (Day) (Year)

(c) Place: burial or cremation Hickory Cemetery

18. (a) Signature of funeral director Arch C. Dingle
(b) Address Grant City, Mo.

19. (a) Dec 31 1946 (Date received local registrar) (b) Leta E. Dawson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Worth
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Grant City, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22
year 1946 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from 8 Oct 46 to 22 Dec 46
that I last saw her alive on 21 December 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation 2 wks Duration
Due to Arterio Sclerotic Heart Disease years

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

Major findings: _____
Of operations 6/30
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Frank B. Harkins (or other) _____
Address Grant City, Mo. Date signed 22 Dec 46

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

42153

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Arch C. Duffer

Licensed Embalmer No.....

3252

P. O. Address.....

Grant City, 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.