

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2184**
Registrar's No. **No 6**

Registration District No. **316** Primary Registration District No. **3060**

1. PLACE OF DEATH:
(a) County **St. Francois**
(b) City or town **Farmington**
(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 **26 years** (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Francois**
(c) City or town **Farmington**
(d) Street No. **503 W. College**
(e) Citizen of foreign country? **No**
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **13** year **47** hour **9** minute **45** a.m.
21. I hereby certify that I attended the deceased from **28** 19**47**, to **1-13** 19**47**
that I last saw her alive on **1-12** 19**47**
and that death occurred on the date and hour stated above.

4. Sex **F** **5. Color or race** **W**
6. (b) Name of husband or wife **James Munroe Wilson**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May** **1968**
(Month) (Day) (Year)

Immediate cause of death **Congestive Heart Failure**
Duration **2 wks.**

8. AGE: Years **79** Months **8** Days **11** If less than one day _____ hr. _____ min.

Due to **Arteriosclerotic Heart Disease**
Due to _____
Other conditions **General Arteriosclerosis**
(Include pregnancy within 3 months of death)

9. Birthplace **Fronton Rural** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home Maker**

11. Industry or business _____

MOTHER FATHER
12. Name **William White**
13. Birthplace **dont know**
14. Maiden name **Elizabeth Arnet**
15. Birthplace **dont know**

Major findings:
Of operations _____
Of autopsy **ASD**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Esther Wilson**
(b) Address **Farmington, Missouri**

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) B (b) Date thereof **Jan 15/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fredricktown, Mo.**
18. (a) Signature of funeral director **C.H. Cozean**
(b) Address **Farmington, Mo.**

23. Signature **F.R. Couch** (M. D. or other) **M.D.**
Address **Farmington, Mo.** **Date signed** **1-15-47**

19. (a) 1-15-47 (b) **Esther Rudloff**
(Date received local registrar) (Registrar's signature)

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

JUN 18 1947

OCT 15 1947

AUG 17 1947

RECEIVED

Health Officer No. 4

Number 147-112

1-20-47

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.....

Licensed Embalmer No. 4084

P. O. Address Formington, 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.