

FILED FEB 20 1947

Registration District No. 10

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 months
(Specify whether
In this community...
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 414 N. Missouri Ave.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6
year 1947 hour 1 minute 20 P.
21. I hereby certify that I attended the deceased from
Jan 20, 1947, to Feb 6, 1947
that I last saw her alive on Feb 6, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Generalized Coroner's -
lung - thorax - skin - eye
Due to Coroner's of heart - heart
removal 7 years previously
Due to _____
Other conditions
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Frances Edith Wilson

3. (b) If veteran, name war No 3. (c) Social Security No. 489-20-3456

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 28, 1899
(Month) (Day) (Year)

8. AGE: Years 47 Months 5 Days 8 If less than one day
hr. _____ min. _____

9. Birthplace Vernon County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Book store clerk

11. Industry or business Craddocks

12. Name W. W. Wilson

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Frances Bell Hill

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. L. Wilson

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 2/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Midway Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Mexico, Mo.

19. (a) 2/8/47 (b) B. B. Neely
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
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 0

23. Signature Harry J. O'Brien (M. D. or other) _____
Address Mexico, Mo. Date signed 2-8-47

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

RECEIVED
District Health Officer No. 10
District File Number 2-47-374
Date Filed FEB 19 1947

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 Everett R. Head
Licensed Embalmer No. 4038
P. O. Address Merino, 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.