S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8113

FILED MAR 21 1947

Registration District No. ____ Primary Registration District No. 4057 Registrar's No. 102

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Quin
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

(c) City or town Quin
(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 ____

3. (a) PRINT FULL NAME ARTIE. WILBURN

3. (b) If veteran, name war — —

3. (c) Social Security No. — —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. B. Wilburn

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Aug 17 (Month) (Day) 1868 (Year)

8. AGE: Years 77 Months 6 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace Clarkton (City, town, or county) Dunklin (State or foreign country) Mo

10. Usual occupation House wife

11. Industry or business — — — —

FATHER
12. Name unknown
13. Birthplace — — — — (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace — — — — (City, town, or county) (State or foreign country)

16. (a) Informant W. B. Wilburn

(b) Address Quin Mo

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof 3/12/1947 (Month) (Day) (Year)

(c) Place: burial or cremation Grigary cemetery

18. (a) Signature of funeral director W. T. Emert & Son

(b) Address Harrisonville Mo

19. (a) 3-13-47 (Date received local registrar) (b) R. Newell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11 year 1947 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 9th, 1947, to March 10th, 1947; that I last saw her alive on March 10th, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	7
Due to	
Due to	
Other conditions Influenza (Include pregnancy within 3 months of death)	4 days

Major findings:
Of operations —
Of autopsy —

93D

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) ____

(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 Wallace Pelsey (M. D. or other) MD.

Address Campbell Mo. Date signed 3/12/47

35 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No 2,
District File Number 347-384
Date Filed 3-18-47

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.....

P. O. Address.....

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.