

No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21871

State File No. _____

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mineral Springs Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Nancy Elizabeth 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 widowed

6. (b) Name of husband or wife John M Wilson

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

7. Birth date of deceased May 9, 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>94</u>	<u>-</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Downing Ellis

13. Birthplace Pike Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Serepta Moss
(City, town, or county) (State or foreign country)

15. Birthplace Pike Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lee O. Ellis

(b) Address LaJunta, Colorado

17. (a) Burial (b) Date thereof 6/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spencerburg, Pike Co

18. (a) Signature of funeral director W. S. Hatters

(b) Address Vandalia, Mo

19. (a) 6/8/47 (b) Bernice Collier
(Date received local registrar) (Registrar's signature) 2711

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Curryville, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
year 1947 hour 6:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from April 26th, 1947 to June 6th, 1947
that I last saw her alive on June 6th, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Hypo-Static Pneumonia following fracture of the hip</u>	<u>7 days</u>
Due to _____	<u>6 weeks</u>
Due to _____	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(s) Means of injury _____

23. Signature [Signature] (M. D. or other) Dr.

Address Louisiana, Mo. Date signed 6-7-47

RECEIVED
District Health Officer No. 10
District File Number 7-42-839
Date Filed JUL - 7 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 William B Waters
Licensed Embalmer No. 4169
P. O. Address Vandalia, 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.