

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

State File No. \_\_\_\_\_

FILED AUG 18 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 3007

Registrar's No. 289

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Paplar Bluff mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 124 So. W. Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town Paplar Bluff  
(If outside city or town limits, write "RURAL")  
(d) Street No. 124 So. W. Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sallie Wilson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Cal.

6. (b) Name of husband or wife Paul Wilson 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 9 - 27 - 1891  
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 4 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Wade Hodison

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

14. Maiden name Unknown

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

16. (a) Informant Paul Wilson

(b) Address 1322 Garfield St

17. (a) Burial (b) Date thereof 8-4-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paplar Bluff, mo

18. (a) Signature of funeral director Thos J. Smith

(b) Address 874/47

19. (a) 874/47 (b) R.W. Mueller  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1st year 1947 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from June 14, 1947, to July 1, 1947, that I last saw her alive on July 12, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus Duration unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 48 B  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of uterus  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_

23. Signature R.W. Mueller (M. D. or other) \_\_\_\_\_  
Address Paplar Bluff, mo Date signed 8-2-47

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

MOTHER FATHER

RECEIVED

District Health Office No. 2.

District File Number 847-1079

Date Filed 8-11-47

---

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 *Fred J. Smittle*

Licensed Embalmer No. *4408*

P. O. Address *Sikeston, 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.