

FILED AUG 29 1947

Registration District No.

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 1/2 Months
(Specify whether
In this community 78
years, months or days)

3. (a) PRINT

FULL NAME Mrs. Ella Wilson

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 Widow
6. (b) Name of husband or wife R.F. Wilson 6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased July 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 1 13 hr. min.

9. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name James McKenzie
13. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Sone
15. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Eagle

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof August-21-
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thorpe & Glavin

(b) Address Jefferson City, Missouri

19. (a) 8-19-47 (b) R.P. Harrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 311 Jackson
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1947 hour 6 minute 05 A M.

21. I hereby certify that I attended the deceased from 1947 to Aug 19
Aug 18 1947
that I last saw him alive on Aug 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Duration

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations 43A

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature R.P. Harrison (M. D. or other) md.

Address Jefferson City, Mo Date signed 8-19-47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 28 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

Licensed Embalmer No. 4515

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.