

No. 2  
5-43  
5-17-30  
1 X 3567

**FILED SEP 4 1947**  
Registration District No. **278**

Primary Registration District No. **3054**

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

**1. PLACE OF DEATH:**

(a) County **Rose**

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

(c) Name of hospital or institution **Rose County Hospital**  
(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 **Rose**

(c) City or town **Bowling Green**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **C**  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **DORIS LILY WESLEY**

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

4. Sex **Fem** 5. Color or race **W** 6. (a) ~~Single~~ **Married** ~~divorced~~ **2**

6. (b) Name of husband or wife **George** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **5 13 1900**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **8** day **1** year **47** hour **5** minute **05P** M.

21. I hereby certify that I attended the deceased from **7 24** 19**47** to **8-1-47** 19**47**;  
that I last saw her alive on **8-1-47** 19**47**;  
and that death occurred on the date and hour stated above.

8. AGE: Years **47** Months **2** Days **18** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

Immediate cause of death **Uremia** Duration **7 days**

Due to **Acute Mercury poisoning** 10da

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

**MOTHER** { 12. Name **Ames Turner**

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

14. Maiden name **Margaret Brown**

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

16. (a) Informant **Doris Wesley**

(b) Address **Bl**

17. (a) **Burial** (b) Date thereof **8 3 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bowling Green Mo**

18. (a) Signature of funeral director **Ernest Benhead**

(b) Address **Bowling Green Mo**

19. (a) **8/3/47** (b) **Bernice Collier**  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_  
Underline the cause to which death should be charged stat-ally.

**ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**

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 **Chas H. Tweller** (M. D. number **MD**)  
Address **Louisiana Mo** Date signed **8/4/47**

OCT 21 1947

NOV 13 1948

RECEIVED  
District Health Officer No. 10  
District No. 9-47-1166  
Dist. No. SEP - 3.1947

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..... *DeWitt A. Roof*

Licensed Embalmer No. *3044*

P. O. Address *Pauling Green*

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.

Registration District No. 274 Primary Registration District No. 3054

1. PLACE OF DEATH:  
(a) County Pike Louisiana  
(b) City or town Louisiana  
(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 \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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 Doris L. Wesley  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April Day 1  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

4. Sex F 5. Color or race w 6. (a) Single, widowed, married and divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_  
7. Birth date of deceased: May (Month) 13 (Day) 1907 (Year)

Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
1639  
PHYSICIAN \_\_\_\_\_  
Underlife the cause to which death should be charged statistically.

8. AGE: Years 47 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ m.  
9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_  
17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: burial or cremation \_\_\_\_\_  
18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_  
19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Registrar's signature)  
(Date received local registrar)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) suicide  
(b) Date of occurrence Took Bechtold's Mersey  
(c) Where did injury occur at approx. 11:15 P.M. 23 July (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 147  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Chas. L. Sweller (M. D. \_\_\_\_\_)  
Address Louisiana Mo Date signed 9/9/47

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

SUPPLEMENTARY

S-28606