

FILED NOV 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39160

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 376

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Woodland Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 hrs. 26 min.
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
 (c) City or town Sedalia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1214 East 6th
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Betty Sharon Wilson

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced *****

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

7. Birth date of deceased November 5, 1947
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>4 hr. 26 min.</u>

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

10. Usual occupation *****

11. Industry or business *****

12. Name Paul L. Wilson

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

14. Maiden name Betty G. Manns

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

16. (a) Informant Paul L. Wilson, (father)

(b) Address 1214 East 6th, Sedalia, Mo.

17. (a) Burial (b) Date thereof 11/6/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Diana Ewing

(b) Address Sedalia, Missouri

19. (a) 11/6/47 (b) Betty Yeager
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5
 year 1947 hour 7: minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 5
 1947 to Nov. 5 1947
 that I last saw her alive on Nov. 5 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death premature

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 159

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? 2

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

23. Signature D. W. Maunders (Print name or other) no

Address 50 W. T. Engine Date signed 11/6/47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 11-18-47

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 _____,
Harren Dietz, Registered Apprentice No. 70
working under my personal supervision.

Signed Quane Ewing
Licensed Embalmer No. 7847
P. O. Address Lidalia, 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.