

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2 1866

Registration District No. 234

Primary Registration District No. 5815

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

1. PLACE OF DEATH:

(a) County Morgan

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

(c) Name of hospital or institution: Hawcreek Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME SARAH E. WILSON

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sherman Wilson

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

7. Birth date of deceased Feb. 10 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 10 22 _____ hr. _____ min.

9. Birthplace Morgan Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Jess Webb

13. Birthplace No Record Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Jane Silvey

15. Birthplace Morgan Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ben Silvey

(b) Address Versailles, Mo.

17. (a) Burial (b) Date thereof 1-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ritchie Cemetery

18. (a) Signature of funeral director W. F. Russell

(b) Address Versailles, Mo.

19. (a) Jan 8th 1948 (b) W. L. Rippey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town Versailles Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Hawcreek Township 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 2
year 1948 hour 9 minute 0 A.M.

21. I hereby certify that I attended the deceased from _____, 1930, to Jan 2, 1948;
that I last saw her alive on December 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease Duration 10 yrs.

Due to _____

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)
Means of injury _____

23. Signature A. J. Shum (M. D. or other) MD.

Address Versailles, Mo. Date signed Jan 7 1948

RECEIVED

District Health Officer No. 7

District File Number 12-47-20

Date Filed 1-12-98

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

A. H. Keenell

Licensed Embalmer No. 1596

P. O. Address Keenell 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.