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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 24 1948

Registration District No. 88

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4151

8286

State File No.

Registrar's No. 3

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

1. PLACE OF DEATH:
(a) County CRAWFORD
(b) City or town STEELVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CRAWFORD 28
(c) City or town STEELVILLE 3
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DOROTHY ARLINE WILSON
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY (Month) 31 (Day) 1904 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	6	10	hr. min.

9. Birthplace STEELVILLE, MISSOURI 0
(City, town, or county) (State or foreign country)
10. Usual occupation SCHOOL TEACHER
11. Industry or business

FATHER
12. Name JOHN T. WILSON
13. Birthplace VAN CLEVE, MISSOURI 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LULA CRAIG
15. Birthplace COOK STATION, MISSOURI 0
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. JOHN T. WILSON
(b) Address STEELVILLE, MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation STEELVILLE
18. (a) Signature of funeral director Thomas S. Gilbert
(b) Address STEELVILLE MO.
19. (a) 3/6/48 (Date received local registrar) (b) C. R. Gibbs (Registrar's signature) 76

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Jan~~ FEB day 11
year 1948 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 25, 1948, to Feb. 11, 1948
that I last saw her alive on Feb. 11, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage	6 hrs.
Due to Leukemia, myelogenous	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

74A

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature William H. Robey (M. D. or other) DO
Address Steelville Mo Date signed 2/16/48.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District ... Officer No. 5
348185
3-20-48
Date filed

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 Thomas S. Gilbert

Licensed Embalmer No. 4332

P. O. Address Steelville, 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.