

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

9416

National Office of Vital Statistics
FILED APR 14 1948

State File No.

Registration District No. 209

Primary Registration District No. 3042

Registrar's No. 126

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Lexington 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 Missouri (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 315 Hill
(If rural, give location)

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

3. (a) PRINT FULL NAME Reida Wilson

3. (b) If veteran, name war 1

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced W.D.D.

6. (b) Name of husband or wife Henry C. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: December 29, 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>91</u>	<u>3</u>	<u>7</u>	_____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name John Steers

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

14. Maiden name W. R. Rowser

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

16. (a) Informant Mrs Bertha Stout

(b) Address 315 Hill St Hannibal Mo

17. (a) Burial (b) Date thereof 4-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barkley Cemetery

18. (a) Signature of funeral director James O'Donoghue

(b) Address Hannibal Mo

19. (a) 4-5-48 (b) Dr E M Lucase
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1948 hour _____ minute 7:20 P. M.

21. I hereby certify that I attended the deceased from Mar 1
_____ 1948 to Mar 31 1948
that I last saw him alive on Mar 31 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chc myocardite

Due to _____

Due to _____

Other conditions Fracture of rib
(Include pregnancy within 3 months of death)

Major findings: normal

Of operations _____

Of autopsy _____

Duration _____

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) Accident 119

(b) Date of occurrence _____

(c) Where did injury occur? Hannibal Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? _____ (c) Means of injury fracture

23. Signature J. R. Rowser (M. D. or other) _____

Address 150 S. 1st Hannibal Mo Date signed 4/5/48

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 *Michael J. O'Rourke*

Licensed Embalmer No. *3246*

P. O. Address *Hannibal 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.