

No. 2
M-15-43
5-17-30
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

133532

Registration District No. 235

Primary Registration District No. 587-4387

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Alton
(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 2 years (Specify whether years, months or days)

In this community 2 years

3. (a) PRINT FULL NAME Nora Elizabeth Wilcox

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife John Wilcox

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased September 29 1892
(Month) (Day) (Year)

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

55	6	10	
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hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Henry Davis 9

13. Birthplace Unknown

14. Maiden name Nancy E. Fowl

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

16. (a) Informant John Wilcox

(b) Address Alton, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 4/1/48 (Month) (Day) (Year)

(c) Place: burial or cremation Hadleston Cem.

18. (a) Signature of funeral director Jelani Carter

(b) Address Thayer, Mo.

19. (a) 5-22-48 (Date received local registrar)

(b) Mrs W.C. Johnson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

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

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

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1948 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from March 10 to March 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Valves
Heart

Due to kidney trouble

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92.1

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) (e) Means of injury 0

23. Signature L.B. Forest (M. D. or other)

Address Alton Mo. Date signed 4/2/48

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

X-

RECEIVED

District Health Officer No. 5.

District File Number 548306

Date Filed 5-8-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. may
Registrar's No. _____

Registration District No. 205 Primary Registration District No. 4387

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Alton
(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 _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME

Nora E. Wiley

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased Sept 19 (Month) (Day) (Year)

8. AGE: Years 55 Months _____ Days _____ If less than one day _____ hr. _____ min.

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 _____ (City, town, or county) (State or foreign country)
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) 5-22-48 (b) Mrs W C Johnson
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 9
year 1948 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 _____

Duration

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) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-13532