No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 17 1948

Registration District No. 146

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5568

State File No. 30081

Registrar's No. 263

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Rural—Blue Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RFD # 1 Box # 222
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: RFD # 1 Box # 222 Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: RFD # 1 Box # 222 Independence
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Ethel Beatrice 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: Married.

6. (b) Name of husband or wife: George T. Wilson

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: June (Month) 16 (Day) 1879 (Year)

8. AGE:	Years	Months	Days	If less than one day
69	69	2	16	....hr. ....min.

9. Birthplace: Kent (City, town, or county) England (State or foreign country) 4

10. Usual occupation: Housewife.

11. Industry or business: Self Employed.

FATHER
12. Name: Edward Butler
13. Birthplace: Unknown (City, town, or county) England (State or foreign country) 4

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Mr. George T. Wilson
(b) Address: RFD # 1 Independence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-4-1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Woodlawn Cemetery

18. (a) Signature of funeral director: Geo. C. Carson
(b) Address: 101 N. Pleasant St. Independence Missouri

19. (a) 9-4-48 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2 year 1948 hour 3 minute 0 P.M.

21. I hereby certify that I attended the deceased from Aug 30, 1948, to Sept 2, 1948, that I last saw her alive on Aug 30, 1948, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	3
Due to:	
Due to:	
Other conditions: Chest Cold on 8-30-48 (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: None

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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

23. Signature: Frank Gray (M. D. or other) D.O.
Address: 4314 29th. K. C. Mo. Date signed: 9-3-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.