

Registration District No. **10** Primary Registration District No. **3002**

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Mexico**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Kings Daughters Home 620 W. Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **24** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Adair**
(c) City or town **Mexico**
(If outside city or town limits, write "RURAL")
(d) Street No. **620 West Boulevard**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Anna E. Wilson

3. (b) If veteran, name war _____

3. (c) Social Security No. **2**

4. Sex **Female** 5. Color or race **White**

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

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

7. Birth date of deceased **May 12 1853**
(Month) (Day) (Year)

8. AGE: Years **95** Months **10** Days **16**
If less than one day hr. min.

9. Birthplace **Jonesburg** (City, town, or county) **Mo** (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **Thomas Jones**

13. Birthplace **North Carolina** (City, town, or county) (State or foreign country)

14. Maiden name **Juliet A. Camp**

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

16. (a) Informant **Miss Maude Jones**

(b) Address **Jonesburg Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date there **Dec 1 1948** (Month) (Day) (Year)

(c) Place: burial or cremation **Jonesburg Mo**

18. (a) Signature of funeral director **J. A. ...**

(b) Address **Jonesburg Mo**

19. (a) **11/30/48** (b) **Blanche Neely** (Registrar's signature) **97** (Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **28th**
year **1948** hour **3** minute **40** P.M.

21. I hereby certify that I attended the deceased from **Sept 15** 19**48** to **Nov 18** 19**48**
that I last saw **her** alive on **Nov 18** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary failure**
Due to **Arteriosclerosis + Small Artery**
Due to _____

Other conditions: (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy **97**

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 **H. Kallenberg** (M. D. or other) _____
Address **Mexico, Mo** Date signed **11-29-48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10.

District File Number 12-48-2070

Date Filed DEC 6 - 1948

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

Paul A. Guderig

Licensed Embalmer No. 4115

P. O. Address Genevieve St

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.