No. 2
—8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
U. S. BUREAU OF THE CENSUS

FILED NOV 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35557

Registration District No. 28 Primary Registration District No. 5094 Registrar's No. 32.

1. PLACE OF DEATH:

(a) County ~~Barton~~ Bates

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

(c) Name of hospital or institution: 2 miles east of Rich Hill Mo. 3
(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 47 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates 7

(c) City or town Rich Hill Missouri 8
(If outside city or town limits, write "RURAL")

(d) Street No. East Maple Street 10
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Lucy Louise Wilson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female 1

5. Color or race W

6. (a) Single, widowed, married, divorced D 3

6. (b) Name of husband or wife Jim Wilson

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased AUGUST (Month) 2 (Day) 1882 (Year)

8. AGE: Years 66 Months 8 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace PIERCE CITY (City, town, or county) MISSOURI 5 (State or foreign country)

10. Usual occupation HOUSEWIFE.

11. Industry or business —

MOTHER FATHER

12. Name JAMES LEWIS.

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

14. Maiden name UNKNOWN

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

16. (a) Informant JOHN WILSON 1

(b) Address Rich Hill Mo

17. (a) Bur. (Burial, cremation, or removal) (b) Date thereof 11-9-48 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Booth

(b) Address Rich Hill Mo

19. (a) Nov. 9. 1948 (Date received local registrar) (b) Mrs. Edna Douglas (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 year 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Probablly Exposure found dead after missing for 54 days. — Duration

Due to docomposition too bad for medical examination.

Due to no signs of violence

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations postive identification

Of autopsy 1945 19

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) 7

(b) Date of occurrence since Sept. 14 1948

(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? found 2 miles east Rich Hill Mo (Specify type of place)

While at work? (e) Means of injury

23. Signature John G Underwood Coroner (M. D. or other) 3

Address Butler Mo Date signed 11-8-1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 10-48-1327
Date Filed 11-16-48

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.

Not Embalmed

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.