No. 300
10.48

FILED SEP 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29070

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 143

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (In this place): Unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 113 N. Cedar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
d. STREET ADDRESS (If rural, give location): 113 N. Cedar

3. NAME OF DECEASED (Type or Print)
a. (First): Angie
b. (Middle): H.
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): Aug. 26 1949

5. SEX: Female
6. COLOR OR RACE: White
7. WHETHER EVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Feb. 4. 1883
9. AGE (In years last birthday): 66
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Hans Peter Swan
13b. MOTHER'S MAIDEN NAME: Christina Jorgensen
14. NAME OF HUSBAND OR WIFE: Thos. A. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Oscar Swan
ADDRESS: 1129 N. Cedar

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Don't Know

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — Don't Know
DUE TO (c) — 1/4 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus — Don't Know

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* May, 1949, *to* Aug 26, 1949 *that I last saw the deceased alive on* Aug 24, 1949 *and that death occurred at* 5A *m., from the causes and on the date stated above.*

23a. SIGNATURE: N. E. Love (Degree or title) MD
23b. ADDRESS: Nevada, Mo
23c. DATE SIGNED: Aug 28/49

24a. BURIAL, CREMATION, REMOVAL (Specify): —
24b. DATE: Aug 29-49
24c. NAME OF CEMETERY OR CREMATORY: Newlon Burial Park
24d. LOCATION (City, town, or county) (State): Nevada Mo.

DATE REC'D BY LOCAL REG.: Aug. 30, 1949
REGISTRAR'S SIGNATURE: Kathryn H. Yancey 331
25. FUNERAL DIRECTOR'S SIGNATURE: Fenny Funeral Home — W. Fenny
ADDRESS: Nevada Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No
District File Number 8-49-1
Date Filed 9-7-4

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 John D. Lewis Student Embalmer No. 331 working under my personal supervision.

Student John D. Lewis
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 1760

P. O. Address Jerrda 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.