.S. No. 300
ev. 10.48

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

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31202

BIRTH NO. _____ REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 6835 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: NEWTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-ROUTE 4
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: NEWTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN R4 — 73
d. STREET ADDRESS (If rural, give location): RURAL-ROUTE 4 — 0

3. NAME OF DECEASED (Type or Print) a. (First): JENNIE b. (Middle): / c. (Last): WILSON

4. DATE OF DEATH (Month) 9 (Day) 26 (Year) 49

5. SEX: FEMALE
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED.
8. DATE OF BIRTH: July 30 1898
9. AGE (In years last birthday): 51 | 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): HOUSEDUTY
10b. KIND OF BUSINESS OR INDUSTRY: SAME
11. BIRTHPLACE (State or foreign country): DUENEWEG Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: CHAS. TOWNSEND.
13b. MOTHER'S MAIDEN NAME: NORA WEDDINGTON
14. NAME OF HUSBAND OR WIFE: GRAY-WILSON DECEASED.

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.
17. INFORMANT'S SIGNATURE OR NAME: Mrs Howard Clement ADDRESS: Joplin R.4

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 331 X

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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 Feb. 17, 1949, to Sept. 26, 1949, that I last saw the deceased alive on Feb. 20, 1949, and that death occurred at 10:50 A. m., from the causes and on the date stated above.

23a. SIGNATURE: E. L. Sleuter, M.D. (Degree or title)
23b. ADDRESS: 410 Jackson Ave, Joplin, Mo
23c. DATE SIGNED: 9/26/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-1-49
24c. NAME OF CEMETERY OR CREMATORY: FORREST PARK
24d. LOCATION (City, town, or county) (State): JOPLIN MISSOURI

DATE REC'D BY LOCAL REG. 9-29-49
REGISTRAR'S SIGNATURE: Lois Jaques 224 By Arlene Langston
25. FUNERAL DIRECTOR'S SIGNATURE: HURLBUT-GLOVER ADDRESS: JOPLIN MISSOURI

(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 Pat G. Hale, Student Embalmer No. 317, working under my personal supervision.

Student Pat G. Hale
Student Embalmer

Signed Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.