

REC'D SEP 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29381

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township Maxson Primary Registration District No. 3020
 or City Carthage (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Maudie Bulah Wilson

(a) Residence, No. 431 Limestone St. Carthage
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emzie Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 16, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 0 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. housewife
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Stillwell (STATE OR COUNTRY) Oklahoma

FATHER 13. NAME John Burnett

14. BIRTHPLACE (CITY OR TOWN) Texas (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lindy Allen

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

17. INFORMANT Emzie Wilson (ADDRESS) 4310 Limestone

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cemetery DATE August 27, 1939

19. FUNERAL DIRECTOR (NAME) Knell Mortuary (ADDRESS) Carthage, Missouri

20. FILED Aug. 26, 1939 J. M. Entine, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from August, 1938, to Aug 26, 1939
 I last saw him alive on Aug 25, 1939. Death is said to have occurred on the date stated above, at 12:05 p.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid Date of onset Aug 1938
if 6

Other contributory causes of importance: Emaciation

Name of operation Exploratory Date of 9/10/39
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) George H. Wood, M. D.
865 (Address) Carthage Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 6,

District File No. 939-1880

Date Filed SEP 12 1939

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..... *Emma R. Ruell*

Licensed Embalmer No. 391

P. O. Address.....

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, above space should be left blank.