

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 155

Registration District No. 547

Primary Registration District No. 3029

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST ELIZABETH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Pearl Wilson 475

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Aug 2nd 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 22 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Wilson

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

14. Maiden name Molly Reichster

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

16. (a) Informant's own signature Chas Wilson

(b) Address 1516 Booker Hannibal, MO

17. (a) Burial (b) Date thereof May 26-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jonesburg, MO

18. (a) Signature of funeral director James O. Powell
(b) Address Hannibal, MO 64401

19. (a) May 25 1940 (b) W. J. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 1516 Booker
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1940 hour 11:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 13, 1940, to May 25, 1940
that I last saw him alive on May 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular
renal disease

Due to _____
Due to _____

Other conditions Elongated Cervical
(Include pregnancy within 3 months of death)
stone left ureter

Major findings: Of operations

Of autopsy _____

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 _____

23. Signature Attended (M. D. or other)
Address Hannibal, MO Date signed May

Duration

7

1

1 1/2

1 1/2

PHYSICIAN

Underline the cause to which death should be charged statistically

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

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.

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.....

Licensed Embalmer No. *3296*

P. O. Address *Hannibal - 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, above space should be left blank.