

STANDARD CERTIFICATE OF DEATH

State File No. 33382

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 229

1. PLACE OF DEATH:

(a) County. Permon W. Va.
(b) City or town. Nevada
(c) Name of hospital or institution: State Hosp # 3
(d) Length of stay: In hospital or institution. 3 yrs 2 months
In this community. Same

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Dade
(c) City or town. Rural
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME. Ellis Wilson

3. (b) If veteran, name war. no 3. (c) Social Security No. None

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

6. (b) Name of husband or wife. Columbus Wilson 6. (c) Age of husband or wife if alive. 69 years

7. Birth date of deceased. March 23 1875

8. AGE: Years 65 Months 5 Days 17 If less than one day hr. _____ min. _____

9. Birthplace. Polk County Mo

10. Usual occupation. Housewife

11. Industry or business. _____

12. Name. Jessie Jones

13. Birthplace. Virginia

14. Maiden name. Ellis Wilson

15. Birthplace. Mo.

16. (a) Informant. Emp. Reg. # 3

(b) Address. Nevada Mo

17. (a) Burial (b) Date thereof. 9/10/40

(c) Place: burial or cremation. Hosp. Cem.

18. (a) Signature of funeral director. Funeral Home

(b) Address. Nevada Mo

19. (a) 9-10-40 (b) Allen V. Hays

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Sept. day. 9
year. 1940 hour. 2:30 minute. 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 15,
1938 to Sept. 9, 1940
that I last saw her alive on Sept 10 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary occlusion Duration 1 day

Due to Gravelled arteriosclerosis

Other conditions. 44/10
(Include pregnancy within 5 months of death)

Major findings: Of operations _____
Of autopsy _____

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) _____
(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? 795
While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature. Allen V. Hays (M. D. or other) _____
Address. Nevada Date signed 9/9/40

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

RECEIVED

District Health Officer No. 7,

District File Number 10-40-1432-A

Date Filed 10-8-40

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 Person

....., Registered Apprentice No.
working under my personal supervision.

Signed Lloyd B. Winsett

Licensed Embalmer No. 3857

P. O. Address Evada, 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.