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

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 3970

Registration District No. 733 Primary Registration District No. 4438 Registrar's No.

**1. PLACE OF DEATH:**
(a) County Randolph
(b) City or town Huntsville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 20 yr

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Randolph
(c) City or town Huntsville (If outside city or town limits, write "RURAL")
(d) Street No. Mulberry (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MORNANA ANNIE WILSON
3. (b) If veteran, name war
3. (c) Social Security No. 2
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 27 (Day) 1863 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 77 | 1 | 4 | hr. min. |

9. Birthplace Mendon Ill (City, town, or county) 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Edward Haney
13. Birthplace Cleland (City, town, or country) 4 (State or foreign country)
14. Maiden name Mary Nicholas
15. Birthplace Ill (City, town, or county) 1 (State or foreign country)
16. (a) Informant Mrs Jess Steinwach
(b) Address Huntsville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville
18. (a) Signature of funeral director Tom B Patton
(b) Address Huntsville Mo
19. (a) Feb 4 1941 (Date received local registrar) (b) Mrs D. A. Burchard (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 31 year 1941 hour 7 minute 30 a. M.
21. I hereby certify that I attended the deceased from July 1938, to Jan 30 1941; that I last saw he alive on Jan 30 1941 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chronic myocarditis | 2 yrs |
| Due to arteriosclerosis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations none
Of autopsy none

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

23. Signature R. V. Dreyer M.D. (M.D. or other)
Address Huntsville Mo Date signed 2/3/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-41-228
Date Filed FEB 7 1941

**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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**