

FILED MAR 19 1941

Registration District No. _____

Primary Registration District No. 4551

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Stover
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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) 80 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Stover
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Susanna Lucille Wilson

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

20. DATE OF DEATH, Month March day 1st
year 1941 hour _____ minute 15 a. m.

21. I hereby certify that I attended the deceased from Feb 23 1941 to Mar 1 1941
that I last saw her alive on Feb 28 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married & divorced Widowed
(b) Name of husband or wife James S. Wilson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 12 1855
(Month) (Day) (Year)

Immediate cause of death Broncho-pneumonia Duration 2 days
Due to Influenza eye 6 days

8. AGE: Years 85 Months 2 Days 19
If less than one day hr. _____ min. _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Morgan Co. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations _____
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Archibald Vickers

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

14. Maiden name unknown

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

16. (a) Informant Mrs. C. A. West

(b) Address Stover Mo

17. (a) Burial (b) Date thereof March 2nd 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stover Cemetery

18. (a) Signature of funeral director Raymond Stover

(b) Address Stover Mo

19. (a) Mar. 10th 1941 (b) W. L. Rippeger
(Date received local registrar) (Registrar's signature)

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? 2 (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 Chas A West (M. D. certifying)
Address Stover Mo Date signed 3-2-41

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

RECEIVED

District Health Officer No. 7,

District File Number 3-41-572

Date Filed 3-11-41

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 Jewell Stevinson

Licensed Embalmer No. 4073

P. O. Address Stover, 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.