

Registration District No. 199

Primary Registration District No. 5276

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Clay Rural Gallatin  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Shinder Mrs  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community Two weeks  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24  
(c) City or town Rural Jersey Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Elta May Wilson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 31 1881  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>7</u>	<u>10</u>	hr. _____ min.

9. Birthplace 1st Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER { 12. Name Ben E Wilson  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
MOTHER { 14. Maiden name Anna Swanson  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Pandelton

(b) Address Liberty Mo.

17. (a) Removal (b) Date thereof April 13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perrin Mo.

18. (a) Signature of funeral director D. Baird Lyon

(b) Address Platteburg Mo.

19. (a) 4-13-41 (b) John S. Trotter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11  
year 1941 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 25  
\_\_\_\_\_, 1941, to April 11, 1941;  
that I last saw her alive on April 11, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of lungs  
Due to \_\_\_\_\_

Duration 4 years

Due to \_\_\_\_\_  
Other conditions 12/10/1  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
At work

23. Signature Robert M. Maltby (M. D. or other) MD  
Address Liberty Mo Date signed 12-4-41

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.

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**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..... *Danell D. Lyon*.....

Licensed Embalmer No. *3640*.....

P. O. Address. *Plattsburg, Md.*.....

**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.**