

0-2
4-41
17-39
X25390

Registration District No. **201** Primary Registration District No. **5280 3012** Registrar's No. **65**

1. PLACE OF DEATH:
(a) County **Clay**
(b) City or town **Liberty**
(c) Name of hospital or institution **Home 33 S Leonard St**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **75 years** (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Clay 21**
(c) City or town **Liberty**
(If outside city or town limits, write "RURAL")
(d) Street No. **33 S Leonard St** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Lena L. Wilson**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **7** year **1941** hour **4** minute **10** A.M.
21. I hereby certify that I attended the deceased from **1937** to **June 7** 19**41**;
that I last saw her alive on **6-6** 19**41**;
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 **widow**
6. (b) Name of husband or wife **John Vernon Wilson**
6. (c) Age of husband or wife if alive **28-1863** years (Month) (Day) (Year)
Birth date of deceased

Immediate cause of death **Cerebral Embolism** Duration **3 day**
Due to **Localized Peritonitis** **2 weeks**
Due to **Acute gangrenous appendicitis** **2 weeks**
Other conditions **Arteriosclerosis**
Hypertension

8. AGE: Years **78** Months **0** Days **9** If less than one day min.
9. Birthplace **Jessamine Co Kentucky** (City, town, or county) (State or foreign country)
10. Usual occupation **Home keeper**

Major findings: Of operations _____
Of autopsy **12/1/1**
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____
12. Name **John Samuel Lancaster**
13. Birthplace **Kentucky** (City, town, or county) (State or foreign country)
14. Maiden name **Katie Priddy**
15. Birthplace **Platte Co Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Eudora Wilson**
(b) Address **33 S. Leonard St Liberty Mo**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 9-1941** (Month) (Day) (Year)
(c) Place: burial or cremation **Funerary Home Liberty Mo**
18. (a) Signature of funeral director **Arthur Co**
(b) Address **Liberty Mo**
19. (a) **June 9-41** (Date received local registrar) (b) **Walter Early** (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? (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 **H. R. Schuhmacher** (M. D. or other) **M. D.**
Address **Liberty Mo** Date signed **6-8-41**

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-11-11

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.....

Edgar Archer
Licensed Embalmer No. *3311*
P. O. Address *Liberty, 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. _