

No. 2  
1-10-39  
17-39  
X2140

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28404**

FILED SEP 10 1941 328

Registration District No. \_\_\_\_\_

Primary Registration District No. **5463**

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

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

**1. PLACE OF DEATH:**

(a) County Lundy

(b) City or town Rural Harrison Township  
(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 \_\_\_\_\_

In this community 20 yr. 1 (Specify whether years, months or days)

**8. (a) PRINT FULL NAME** Pocahontas Wilson

**8. (b) If veteran,** name war \_\_\_\_\_ **8. (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** P. R. Wilson **6. (c) Age of husband or wife if alive** 75 years

**7. Birth date of deceased** Sept 16 1877  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>63</u>	<u>9</u>	<u>17</u>	hr. _____ min. _____

**9. Birthplace** Lundy Co. Mo. 0  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**

**12. Name** William McLaughlin

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

**14. Maiden name** Elizabeth Coleman

**15. Birthplace** Mercer Co. Mo 0  
(City, town, or county) (State or foreign country)

**16. (a) Informant** P. R. Wilson

**(b) Address** Trenton Mo.

**17. (a) Burial** (b) Date thereof July 6 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Salem Cem. Mercer Co. Mo.

**18. (a) Signature of funeral director** Paul C. Schooler

**(b) Address** Leickland Mo

**19. (a) 7-6-41** (b) Gene B. Jaur  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Lundy 0

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month July day 3  
year 1941 hour 3 minute 45 p.m.

**21. I hereby certify that I attended the deceased from** May 2, 1941, to July 3, 1941;  
that I last saw her alive on July 3, 1941;  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Acute Cardiac Insufficiency **Duration** 30 days

**Due to** Toxic Gastritis 7 years standing

**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_  
**Of operations:** \_\_\_\_\_

**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? \_\_\_\_\_

**28. Signature** G. H. Culler M.D. (M. D. or other) 0

**Address** Trenton Mo **Date signed** 7-4-41

**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.....

*Rob Wise*

Licensed Embalmer No.....

*3771*

P. O. Address.....

*Spickard, Pa*

**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.**