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7-39
X26390

FILED SEP 30 1941
Registration District No. **750**

Primary Registration District No. **4451**

1. PLACE OF DEATH:

(a) County **Ripley**
(b) City or town **DANIPHAN RURAL**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Brought to Williams Hospital, treated
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **3 days** (Specify whether years, months or days) **0**

2. USUAL RESIDENCE OF DECEASED:

(a) State **ARKANSAS** (b) County **CHAY**
(c) City or town **CORNING**
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **26**
year **1941** hour **3** minute **15** A.M.
21. I hereby certify that I attended the deceased from **August 24**, 19**41**, to **Aug 25**, 19**41**,
that I last saw her **ER** alive on **Aug 25**, 19**41**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Diphtheria** Duration **6 days**
Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death) **10**

Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **VIVIANNE SUE WILSON**
3. (b) If veteran, name war **✓**
3. (c) Social Security 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 12 1938**
(Month) (Day) (Year)

8. AGE: Years **3** Months **4** Days **14** hr. min.

9. Birthplace **Daniphan Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name **Crewett Wilson**
13. Birthplace **Pander Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Lola Falk**
15. Birthplace **Success Ark.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lola Wilson, Mother**
(b) Address **Corning Ark.**

17. (a) **Burial** (b) Date thereof **8-27-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Taylor Cemetery**

18. (a) Signature of funeral director **Jordan H. Shreve**
(b) Address **Daniphan Mo.**

19. (a) **9-5-41** (b) **E. C. Johnston**
(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?..... (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 **E. C. Groce** (M. D. or other) **10**
Address **Corning Mo.** Date signed **8-24-41**

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

RECEIVED

District Health Officer No. 6.

District File Number

8-81931

Date Filed

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

Bryan C. McCord

Licensed Embalmer No. 4079

P. O. Address *Naylor, 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.