

FILED AUG 12 1942 343

Registration District No.

Primary Registration District No. 4506

Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Essex
(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)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 10
(c) City or town Essex (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 _____

3. (a) PRINT FULL NAME Fruella 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 Married

6. (b) Name of husband or wife Virgil Wilson 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased July 1 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Raleigh, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name Dr. J.A. Neil

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

14. Maiden name Nancy Dunbar

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

16. (a) Informant Mrs. Carrie W. Caldwell

(b) Address Essex, Missouri

17. (a) Burial (b) Date thereof 8-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Essex

18. (a) Signature of funeral director Marshall S. Shain

(b) Address Fisk, Mo.

19. (a) Aug 2-1942 (b) Mora Davis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31 day July
year 1942 hour 10:30 minute 10 M.

21. I hereby certify that I attended the deceased from July 15 1942 to July 31 1942 that I last saw _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death acute respiratory Duration 19

Due to _____ 14

Due to _____ 17

Other conditions (Include pregnancy within 9 months of death) Aspirin
Major findings: Of operations 92a
Of autopsy _____

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) no

(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) (b) Means of injury _____

23. Signature J. P. ... (M. D. or other)

Address Essex, Mo. Date signed 8-2-42

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

03
8
0

RECEIVED

District Health Office No. 2,

District File Number 842-1003

Date Filed 8-10-42

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

Wallace N. Fitch

Licensed Embalmer No. 3857

P. O. Address

Poplar Bluff, 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.