V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31019

Registration District No. 6-33-267 Primary Registration District No. 43-90-3049 Registrar's No. 62

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Hayti
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
County Poor Farm 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Hayti 2
(If outside city or town limits, write "RURAL") 1

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME CORA WILSON

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

3. (c) Social Security No. .....

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Q 1

6. (b) Name of husband or wife Boyd F. Wilson

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

7. Birth date of deceased December 3, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	9	12	..... hr. ..... min.

9. Birthplace Coral Co., Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name Riley N. Merritt
13. Birthplace Coral Co., Tenn. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Rumbly
15. Birthplace Coral Co., Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Cora Rushing
(b) Address Cooter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation Rector, Ark.

18. (a) Signature of funeral director LaForge Und. Co.
(b) Address Caruthersville, Mo.

19. (a) 10-1-42 (Date received local registrar) (b) Mrs. A. G. Shirey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th
year 1942 hour 11 minute A M.

21. I hereby certify that I attended the deceased from 9-1-42, 19..., to 9-15, 1942
that I last saw h. Er alive on 9-4-42, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus — Duration 8-10 yrs

Due to .....

Due to .....

Other conditions 48b
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
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) .....
(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?
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Fred L. Dalvic (M. D. or ~~other~~)
Address Caruthersville Mo Date signed 9/20/42

1218 (Licensed Embalmer's Statement on Reverse Side)

10-42-18

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 Thomas J. Collins, Registered Apprentice No. ....., working under my personal supervision.

Signed J. G. Schaiman

Licensed Embalmer No. 4086

P. O. Address Courtenville, 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.