

FILED NOV 16 1942

Registration District No. **57**

Primary Registration District No. **3009**

Registrar's No. **13**

16
1-29
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **JACKSON**
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community **years, months or days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau**
(c) City or town **JACKSON**
(d) Street No.
(e) Citizen of foreign country? **No**
If yes, name country

3. (a) PRINT FULL NAME **Henrietta Anita Wilson**

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **married**

6. (b) Name of husband or wife **Robert K. Wilson** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **December 9 1886**
(Month) (Day) (Year)

8. AGE: Years **55** Months **10** Days **11** If less than one day hr. min.

9. Birthplace **St Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

12. Name **Herman Helmkamp**

13. Birthplace **St. Louis, Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Louise BOSS**

15. Birthplace **Pilot Knob, Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Freda Sokel**

(b) Address **Jackson, Mo**

17. (a) ~~Place of burial~~ (b) Date thereof **10/22/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Russell Heights**

18. (a) Signature of funeral director **McConde**
(b) Address **Jackson, Mo**

19. (a) **10/22 1942** (b) **J.H.C. Keister**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **20** year **1942** hour **8:45** minute **A** M.

21. I hereby certify that I attended the deceased from **Oct** 1940 to **Oct 19** 1942
that I last saw her alive on **Oct 19** 1942
and that death occurred on the date and hour stated above.

Immediate cause of death **paralysis agitans**
Due to **Encephalitis Lethargica**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **37c**
Of autopsy

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?
(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 **T.E. Ruff** (M. D. or other) **MO**
Address **Jackson, Mo** Date signed **10-21-42**

Duration **20 yrs**
1 mo?
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 3

District File Number 1142-1390

Date Filed 11-12-42

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 Thos. J. Allen

Licensed Embalmer No. 4055

P. O. Address Jackson

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.