

No. 2  
-5-42  
5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34057

State File No. \_\_\_\_\_

FILED NOV 12 1942

Registration District No. 196

Primary Registration District No. 2001

Registrar's No. 455

49  
522  
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: St. Johns  
(d) Length of stay: In hospital or institution Always  
In this community Always

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jasper  
(c) City or town Joplin  
(d) Street No. 13th & Duquesne  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Lillie Louise Wilson  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month Oct day 23rd  
year 1942 hour 4 minute A M.

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from Oct - 23 - 1942 to Oct - 23 - 1942  
that I last saw her alive on Oct - 23 - 1942  
and that death occurred on the date and hour stated above.

7. Birth date of deceased April 1 1937  
(Month) (Day) (Year)

Immediate cause of death. *Restraints*

8. AGE: Years	Months	Days	If less than one day
5	6	22	hr. _____ min.

Due to *Restraints*

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

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

10. Usual occupation \_\_\_\_\_

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

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

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

MOTHER FATHER { 12. Name Raymond Wilson  
13. Birthplace Monett Mo  
(City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_

14. Maiden name Lillie Cox  
15. Birthplace Okla  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Raymond Wilson  
(b) Address 13th & Duquesne

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof Oct 24 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(c) Place: burial or cremation FOREST PARK  
18. (a) Signature of funeral director Parker Hunsaker  
(b) Address Joplin, Mo.

(Specify type of place) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_

19. (a) 10-24-42 (b) *Gustavus Hunsaker*  
(Date received local registrar) (Registrar's signature)

23. Signature *G. P. Costello* (M. D. or other) \_\_\_\_\_  
Address *303 Pine Blk* Date signed *10-24-42*

1204 (Licensed Embalmer's Statement on Reverse Side)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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..... *F. M. Jones* .....

Licensed Embalmer No. *2319* .....

P. O. Address..... *Joplin 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.**