

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34058

State File No. _____

FILED NOV 10 1942

Registration District No. 135

Primary Registration District No. 3127

Registrar's No. 75

49
6
2

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City
(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 36 Years
years, months or days

3. (a) PRINT FULL NAME Sarah V. 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 J. F. Wilson

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

7. Birth date of deceased March 16, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>7</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace No Data Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

12. Name William Scott

13. Birthplace No Data Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Martha Blankenbeden

15. Birthplace No Data Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant J. F. Wilson (husband)

(b) Address Webb City, Missouri

17. (a) Burial (b) Date thereof 10/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director Hedge-Gem

(b) Address Webb City, Missouri

19. (a) Oct 26 1942 (b) Mrs. Lillie Ziegler
(Date entered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City
(If outside city or town limits, write "RURAL")

(d) Street No. 609 N. Main Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1942 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from Sept 9, 1942 to Oct 23, 1942
that I last saw him alive on Oct 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 45 da

Due to Arteriosclerosis & Hypertension

Other conditions 83a!
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____
(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 James V. Flaherty (M. D. or other) _____

Address 1121 W. Bradley Date signed 10-26-42

Duration

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.....

E. M. Hedge

Licensed Embalmer No.

2859

P. O. Address.....

Herb R. Ryan

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.