

FILED DEC 3 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36930
State File No.

Registration District No. 1

Primary Registration District No. 3012

Registrar's No. 176

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
620 N. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community all of life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 620 N. Main
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Connie Frances Wilson

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

4. Sex female 5. Color or race Colored 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Henry Wilson 6. (c) Age of husband or wife at death 76 years
7. Birth date of deceased January 16, 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 4 If less than one day hr. min.

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

10. Usual occupation House wife

MOTHER FATHER
11. Industry or business

12. Name Callaway Finley
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Cynthia Estes
15. Birthplace Wenyo Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Wilson
(b) Address Excelsior Springs Mo
17. (a) Burial (b) Date thereof 11 21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edmwood
18. (a) Signature of funeral director Edward Richard
(b) Address Excelsior Springs Mo
19. (a) 11-21-42 (b) Mrs. Sade Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20 year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 8 to Nov 16 1942
that I last saw her alive on Nov 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
arteriosclerosis

Duration several

Due to
Due to

Other conditions (Include pregnancy within 3 months of death) 938

Major findings: Of operations

Of autopsy 0

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) 0
(b) Date of occurrence 0
(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) Means of injury

23. Signature S. M. Craker (M. D. or other) Address Excelsior Springs Mo Date signed 11/21/42

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

RECEIVED

District Health Officer No. 8,

Subject File Number

12-2-42

JAN 14 1950

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.....

Licensed Embalmer No.....

P. O. Address.....

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.