

3. No. 2
4-5-42
5-17-39
6-1 X32873

FILED JAN 15 1943
Registration District No. 408157

Primary Registration District No. 3025

Registrar's No. 247

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

1. PLACE OF DEATH:

(a) County JASPER

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

(c) Name of hospital or institution: STONE MEMORIAL HOSP-O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAYS (Specify whether)

In this community 5 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BATES

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

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

(e) Citizen of foreign country? / (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MYRTLE WILSON

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 8 year 1942 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec 3, 1942, to Dec 8, 1942 that I last saw her alive on Dec 8 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Feb 24 1878
(Month) (Day) (Year)

Immediate cause of death Carcinoma of breast Duration 4 yrs

8. AGE: Years 64 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Sullivan (City, town, or county) Ill (State or foreign country)

10. Usual occupation Dressmaker

11. Industry or business.....

MOTHER FATHER { 12. Name J. W. WILSON

13. Birthplace Sullivan (City, town, or county) Ill (State or foreign country)

14. Maiden name Martha Rose

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Claude O'Neal

(b) Address Butler mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-42 (Month) (Day) (Year)

(c) Place: burial or cremation Dalehill Bur

18. (a) Signature of funeral director Booths

(b) Address Butler mo

19. (a) Dec 10 1942 (Date received local registrar) (b) E. Elizabeth Couplin (Registrar's signature)

Due to.....

Due to.....

Other conditions Paralysis 3 days
(Include pregnancy within 3 months of death)

Major findings: GO

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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature Albert B. Wheeler (M. D. or other) DO

Address Carthage Mo Date signed Dec 24 1942

1203

42-12-1050

MAR 1 1943

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 *John J. Underwood*
Licensed Embalmer No. *3585*
P. O. Address *Butler 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.