

7. S. No. 2  
OM-5-42  
5-17-39  
PI X32873

7958

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

LED

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Person

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

(c) Name of hospital or institution State Hosp # 3 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 months  
(Specify whether years, months or days)

In this community Same

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

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

(d) Street No. B 16 1/2 Joplin St  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Maydean Wilson

3. (b) If veteran, name war. ....

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11  
year 1943 hour 3 minute 35 A.M.

21. I hereby certify that I attended the deceased from Nov 15, 1939, to Jan 11, 1943  
that I last saw h. or alive on Jan 10, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Sclerosis

Due to .....

Due to .....

Other conditions g 78  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations .....

Of autopsy .....

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife OR

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

7. Birth date of deceased Sept. 30 1896  
(Month) (Day) (Year)

8. AGE: Years 46 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Nevada Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

12. Name Noah Roberts

13. Birthplace Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Huber

15. Birthplace Henry Co Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Blair Reed

(b) Address Nevada Mo

17. (a) David (b) Date thereof 1-15-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lepwood Cemetery

18. (a) Signature of funeral director Funeral Home

(b) Address Nevada Mo

19. (a) 1-12-43 (b) Bozel B. Burch  
(Date received local registrar) (Registrar's signature)

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? 3  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? 0 (Specify type of place)

(e) Means of injury .....

23. Signature Wm J. Bensch (M. D. or other) 0

Address Nevada Date signed 1-11-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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RECEIVED

District Health Officer No. 7,

District File Number 1-43-67

Date Filed 2-4-43

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**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. B. King*  
Licensed Embalmer No. 1760

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.**