

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

FILED JUN 8 1943 42
Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
1 day
(d) Length of stay: In hospital or institution. 1 day (Specify whether
In this community 10 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Edith Irene Wilson
3. (b) If veteran, name war 3. (c) Social Security No. 491-10-7210

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced, / Married
6. (b) Name of husband or wife Wayne M. Wilson 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Nov. 26, 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>5</u>	<u>16</u>hr.min.

9. Birthplace Platte County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Walter Berry

13. Birthplace Wichita County Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Bertie Woolston

15. Birthplace Platte County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wayne Wilson

(b) Address 5602 So. 2nd St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Cem.

18. (a) Signature of funeral director Clark Westberg

(b) Address 5025 King Hill Ave.

19. (a) 5-16-43 (Date received local registrar) (b) Rose Hejzay (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan /
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL") /
(d) Street No. 5602 So. 2nd St. (If rural, give location) 7
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 1943 hour 12 minute 35 P. M.

21. I hereby certify that I attended the deceased from May 12 1943 to May 12 1943
that I last saw er alive on May 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure Duration 1 day

Due to Congestive heart failure ?

Due to lung emphysema ?

Other conditions (Include pregnancy within 3 months of death) 9/4a

Major findings: Of operations 9/4a

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) (c) Means of injury.....

23. Signature W. H. Allman (M. D. or other) Date signed 5/14/43

Address Andrews Bldg, St Joseph Mo.

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 Earl A. Clark

Licensed Embalmer No. 4235

P. O. Address St. Joseph 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.