S. No. 2
M—5-42
5-17-39
1 X3[illegible]

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18162

State File No. .....

FILED JUN 10 1943

Registration District No. 755 | Primary Registration District No. 3127 | Registrar's No. 47

19 6 2

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: 1st & Walker (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 18 yrs

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.: 1st & Walker (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No): 0
If yes, name country .....

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3. (a) PRINT FULL NAME: Ima Alma 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: George Wilson
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: October (Month) 18 (Day) 1904 (Year)

8. AGE: Years 38 | Months 6 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace: Carthage (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....

MOTHER FATHER

12. Name: Charles Moudy
13. Birthplace: ..... (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Martha Ellen Lowe
15. Birthplace: ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Marie Stafford
(b) Address: Webb City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 19 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Centerville Cem.
18. (a) Signature of funeral director: Webb City Und. Co.
(b) Address: Webb City, Mo.
19. (a) May 18, 1943 (Date received local registrar) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 16 year: 1943 hour: 5:10 minute: P. M.

21. I hereby certify that I attended the deceased from March 14, 1943, to May 16, 1943, that I last saw her alive on May 14, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Mellitus

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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: C. F. Gregory (M. D. or other)
Address: Webb City, Mo. Date signed: 5/18/43

(Licensed Embalmer's Statement on Reverse Side)

48-6-427

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 A. R. Mills

Licensed Embalmer No. 347

P. O. Address Neel City 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.