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FILED JUL 12 1943

Registration District No. _____ Primary Registration District No. 4771

Registrar's No. 50

1. PLACE OF DEATH: Holt
(a) County _____ Holt
(b) City or town _____ Mound City, Mo.
(c) Name of hospital or institution _____
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ 13 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt. 44
(c) City or town _____ Mound City. 1
(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 _____ 0.

3. (a) PRINT FULL NAME Francis Ruth Wilson.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of hair White 6. (a) Single, widowed, divorced, married.
6. (b) Name of husband or wife George Wilson. 6. (c) Age of husband or wife if alive 61. years
7. Birth date of deceased Dec. 26 1884.
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation House work.

11. Industry or business _____

12. Name Francis M. Reeves.

13. Birthplace N.Y. / State.

14. Maiden name Edith Oliver. (State or foreign country)

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

16. (a) Informant Geo Wilson

(b) Address Mound City, Mo.

17. (a) Burial (b) Date thereof 6-28-43/
(Burial, cremation, or removal) (Month) (Day) (Year)
Mound City, Mo.

(c) Place: burial or cremation _____

18. (a) Signature of funeral director W H Crawford

(b) Address Mound City, Mo.

19. (a) 6-28-43 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1943 hour 10 A.M. minute _____ M.
21. I hereby certify that I attended the deceased from Jan 20
1943 to June 24 1943
that I last saw him alive on June 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Brain Tumor ✓

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Brain Tumor PHYSICIAN _____
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy _____

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 DB Perrey (M. D. or other) M.D.
Address Mound City, Mo Date signed 6-26-43

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

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. 18262

P. O. Address Mound 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.

Registration District No. 139 Primary Registration District No. 4221

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

3. (a) PRINT FULL NAME Francis R. Wilson
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Dec 26 1908
(Month) (Day) (Year)
8. AGE: Years 58 Months Days If less than one day min.

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

10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name.....
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name (City, town, or county) (State or foreign country)
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town..... (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.....

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month JAN 1943 year. 12 day. 4 o'clock P M.
21. I hereby certify that I attended the deceased from..... 19.....
that I last saw him/her alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death Brain tumor
Benign Duration

Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death) 56d

Major findings:
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) (c) Means of injury

23. Signature D. Perry (M. D. or other) MD
Address Manning City Mo. Date signed 7-16-43

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

SUPPLEMENTAL

S-21497