

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage

(c) Name of hospital or institution: McCune-Brooks Hospital

(d) Length of stay: In hospital or institution 9 days

In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural

(d) Street No. Route 4, Carthage

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Sandra Rose Wilson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August 9 1943

8. AGE: Years Months Days If less than one day

0 0 18

9. Birthplace Carthage Missouri

10. Usual occupation

11. Industry or business

12. Name Robert Thomas Wilson

13. Birthplace Bowling Green Missouri

14. Maiden name Lillian Wright

15. Birthplace New Hartford Missouri

16. (a) Informant Robert Thomas Wilson

(b) Address Route 4, Carthage, Mo.

17. (a) Burial (b) Date thereof Aug. 30, 1943

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Aug. 30 '43 (b) E. Elizabeth Coe

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27

year 1943 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 19 1943 to Aug 27 1943

that I last saw her alive on Aug 27 1943

and that death occurred on the date and hour stated above.

Immediate cause of death: Marbles + Enteritis

under 2 hrs. ago

Due to 43 intestinal dist 10 days

Other conditions: 119a

PHYSICIAN

Major findings: Of operations

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)

23. Signature: H. E. Byrd M.D. (M. D. or other)

Address: Carthage Mo. Date signed: 8-28-43

MOTHER FATHER

1.2 + 3

43-8-724

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.....
Emmal Stines

Licensed Embalmer No. 391

P. O. Address.....
Carthage

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.