

FILLED DEC 3 1943

Registration District No. 87

Primary Registration District No. 4174

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Pilot Grove, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 1/2 yrs. (Specify whether years, months or days)

In this community 6 1/2 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME MELISSA-ANN-WILSON.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO.

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife William Wilson

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Jan-25-1851
(Month) (Day) (Year)

8. AGE: Years 92 Months 9 Days 26 If less than one day hr. ✓ min.

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

10. Usual occupation Housewife

11. Industry or business Same

12. Name Arch Robinson

13. Birthplace unk now
(City, town, or county) (State or foreign country)

14. Maiden name unk now

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

16. (a) Informant Adene M. Moore

(b) Address Pilot Grove - Mo

17. (a) Burial (b) Date thereof 11-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesley Chapel Cem - Pilot Grove

18. (a) Signature of funeral director Hayd + Painter

(b) Address Pilot Grove, Mo.

19. (a) Nov-28-43 (b) Dr. Chas. Swag.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Pilot Grove, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1943 hour 3 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 6-28-1943 to 11-27-1943;
that I last saw her alive on 11-21-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus Duration 5 Months

Due to _____

Due to _____

Other conditions Hypertension 15 Yrs
(Include pregnancy within 6 months of death)

Major findings: H & F

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature G. U. Baly (M. D. or other) _____

Address Pilot Grove Date signed 11-22-43

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-2-43

FEB 7

1944

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No.

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.