

S. No. 2
M-2-43
5-17-39
I X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41492
Registrar's No. 171

FILED JAN 12 1944
Registration District No. 10

Primary Registration District No. 3002

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 921 Northwestern Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Maggie Wilson
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alfred S. Wilson 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased August 7, 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Frank Dorgan
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Juliet Spotswood
15. Birthplace Audrain County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Steers
(b) Address Jefferson City, Missouri
17. (a) Burial Burial (b) Date thereof Dec. 6, 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Bunk
(b) Address Mexico, Mo.
19. (a) 12/6/43 (b) Margaret H Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 4
year 43 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from 11-27-1943 to 12-4-1943
that I last saw her alive on 12-4-1943
and that death occurred on the date and hour stated above.

Immediate cause of death hemia
Due to Uremic stupor
Due to 122 ft
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Intestinal obstruction from astrogastria umbilical hernia
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Paul J. Geller (M. D. or other) MD
Address Mexico, Mo. Date signed 12/6/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 1-44-10.2

Date Filed JAN 11 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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P.O. Address Mexico, 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.