S. No. 2
1—9-4-41
5-17-39
PI X29484

79

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43264

Registration District No. FILED JAN 27 1944

Primary Registration District No. 3051

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Perryville Mo.
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 16

(a) State Missouri (b) County Cape Girardea

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Nora Wilson

3. (b) If veteran, name war .....

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 George Wilson

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April (Month) 18 (Day) 1892 (Year)

8. AGE: Years 51 Months 8 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Cape Girardeau Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business .....

FATHER
12. Name Henry Puntmann
13. Birthplace Cape Girardeau Co. Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Cotner
15. Birthplace Cape Girardeau Co. Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant George Wilson
(b) Address Oak Ridge Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Goshen Cemet. Cape Co. Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) 12-29-43 (Date received local registrar) (b) Thos J Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27 year 1943 hour 2 minute P M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Loss of Blood

Due to Auto Accident

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.

22. If death was due to external causes, fill in the following:

(a) Accident, ~~suicide, or homicide (specify)~~ 079

(b) Date of occurrence 12/27 43

(c) Where did injury occur? Perryville (City or town) Perry (County) Mo (State)

(d) Did injury occur in or about ~~home, on farm, in industrial place, in~~ public place? Highway 25 (Specify type of place)

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

23. Signature [signature] Coroner (M. D. or other)

Address Perryville Mo Date signed 12/28 43

1526

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 144-3237
Date Filed 1-11-44

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.