

V. S. No. 2
100M-2-43
R. 5-17-39
I. X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43612
State File No.

FILED JAN 13 1944
Registration District No. 376

Primary Registration District No. 3061

Registrar's No. 87

94
5
2

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

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Flat River mo
 (c) Name of hospital or institution: Home - 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Francois
 (c) City or town Flat River mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 402 Roosevelt St (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 day 26 year 43 hour 8 minute 9 M.
 21. I hereby certify that I attended the deceased from 12-18-43 to 12-26-43 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W.
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive Ann years (Day) _____ (Year) _____

Immediate cause of death: Myocardial infarction
 Due to Don't know
 Due to _____

7. Birth date of deceased: Aug 12 1862
 (Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 14 If less than one day _____ hr. _____ min.
 9. Birthplace: Iron Co Mo
 (City, town, or county) (State or foreign country)

Other conditions: _____ (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

10. Usual occupation Housekeeper
 11. Industry or business _____
 12. Name Daniel Horton
 13. Birthplace Don't know _____
 (City, town, or county) (State or foreign country)
 14. Maiden name Don't know
 15. Birthplace Don't know _____
 (City, town, or county) (State or foreign country)
 16. (a) Informant Albert Wilson
 (b) Address Belgrade mo.
 17. (a) Burial (b) Date thereof 12-28-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park
 18. (a) Signature of funeral director Sparks and Co
 (b) Address Flat River mo
 19. (a) Jan. 5-1944 (b) Sydney Swames
 (Date received local registrar) (Registrar's signature)

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 _____
 Signature B. Barrer (M. D. or other)
 Address Flat River Date 12/27/43

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

D-98
11-44

1796

RECEIVED

District Health Officer No. 4
District File Number 144-3141
Date Filed 1-6-41

JAN 12 1941

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.

4661 67 NOV

Signed Evered Sparks

Licensed Embalmer No. 4287

P. O. Address 1607 River St

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.