

FILED MAY 8 1944

Registration District No.

Primary Registration District No.

3017

Registrar's No.

67

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

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
At home.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 2 Years. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Boonville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 403-4th. St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Luna Wilson.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Wm. H. Wilson 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased November 18<sup>th</sup> 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 5 7 hr. min.

9. Birthplace Cisne Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business At home.

12. Name J. P. Walters.

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

14. Maiden name Kate Cisne

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

16. (a) Informant Mr. W. H. Wilson.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof April 28<sup>th</sup> 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Hale While at work (Specify type of place)  
(b) Address Boonville, Mo. (c) Means of injury \_\_\_\_\_

19. (a) Apr-29-44 (b) Dr. Chas. Swap  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25  
year 1944 hour 7:35 minute 9 M.

21. I hereby certify that I attended the deceased from May 20 1944 to April 25 1944; that I last saw her alive on April 25 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 10 days

Due to arteriosclerosis & hypertension

Due to Chronic Hepatitis

Other conditions obstruction common bile duct from pyelitis

Major findings: Of operations \_\_\_\_\_

Of autopsy 12781

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) No

(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? \_\_\_\_\_

23. Signature M. L. Deebroege (M. D. or other) M.D.

Address Boonville Mo Date signed 4/26/44

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-2-47

JUN 28 1949

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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 JW Goodman

Licensed Embalmer No. 1178

P. O. Address Bonville, 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.**