

FILED JUL 13 1944  
Registration District No. 277

Primary Registration District No. 3057

Registrar's No. 39

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond, 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 None (Specify whether years, months or days) (1)

In this community All Her Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 89

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

(d) Street No. 114 W. Diamond  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U.S.A. (1)

3. (a) PRINT FULL NAME MARIE VERNANDEAN WILSON

MEDICAL CERTIFICATION

3. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month June day 28  
year 1944 hour 9 minute 15 P.A.M.

4. Sex 3 Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 26 th, 1944.  
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day  
12 hr. 15 min.

Immediate cause of death Premature Birth

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

Due to 6 months.

10. Usual occupation Babe

Other conditions (Include pregnancy within 6 months of death) 159

11. Industry or business \_\_\_\_\_

12. Name Gerald Wilson

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

13. Birthplace Ray Co., Mo. (City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_

14. Maiden name Jessie Louise Milbree

15. Birthplace Ray Co., Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Gerald E. Wilson (b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof 6-27-44.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilson Cem., Ray Co., Mo.

18. (a) Signature of funeral director J. B. Brothers (b) Address Richmond, Mo.

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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

19. (a) 62844 (b) Martha W. Sheppard  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury (1)

Signature G. E. Jay (M. D. or other)  
Address Richmond, Mo. Date signed 62844

1280

RECEIVED

District Health Officer No. 88

District File Number

Date Filed

7-12-44

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.....

J. B. Brothers

Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home .

Signed..... *J. B. Brothers*

Licensed Embalmer No. 3001.

P. O. Address Richmond , 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.