

Registration District No. **77**

Primary Registration District No. **3016**

**1. PLACE OF DEATH:**  
 (a) County Cole  
 (b) City or town Jefferson City Mo.  
 (c) Name of hospital or institution: St. Marys Hospital  
 (d) Length of stay: In hospital or institution 3 hrs.  
 In this community  years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Osage  
 (c) City or town Chamois Mo.  
 (d) Street No. Chamois Mo.  
 (e) Citizen of foreign country? 1 (Yes or No)  
 If yes, name country 1

**3. (a) PRINT FULL NAME** Caroline Wilson  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month June day 28  
 year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
**21. I hereby certify that I attended the deceased from** Nov 1943 to June 28 1944  
 that I last saw her alive on June 28 1944  
 and that death occurred on the date and hour stated above.

**4. Sex** F **5. Color or race** W. **6. (a) Single, widowed, married, divorced, widowed** 2  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased:** Jan 28 1857  
 (Month) (Day) (Year)

Immediate cause of death Acute Myelogenous Leukemia  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to 74a  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**8. AGE:** Years 87 Months 5 Days - If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
**9. Birthplace:** Portland Mo. (City, town, or county) (State or foreign country) 0  
**10. Usual occupation:** Housewife

**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) \_\_\_\_\_  
 (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? \_\_\_\_\_

**MOTHER** { **11. Industry or business** \_\_\_\_\_  
**FATHER** { **12. Name:** Henry Stolle  
**13. Birthplace:** Germany (City, town, or county) (State or foreign country) 4  
**14. Maiden name:** Unknown  
**15. Birthplace:** \_\_\_\_\_ (City, town, or county) (State or foreign country) 9  
**16. (a) Informant:** Mrs R. H. Amick  
**(b) Address:** Huntington St. Va  
**17. (a) Burial (b) Date thereof June 30 - 44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place:** burial or cremation Portland Mo  
**18. (a) Signature of funeral director:** Otto Stocking  
**(b) Address:** Chamois Mo  
**19. (a) 6-29-44** (b) Norma Richter (Registrar's signature)  
 (Date received local registrar)**

**23. Signature:** W. J. M. Bully (M. D. or other M.D.)  
 Address Jefferson City, Mo. Date signed 6-29-44

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

26  
5  
4

9:44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-20-44

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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.....

*Fred P. Dulle*

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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.