

FILED SEP 8 1944

Registration District No. 104

Primary Registration District No. 3019

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

1. PLACE OF DEATH:

(a) County: Dunklin

(b) City or town: Kennett Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Presnell at Kennett
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: NO HOSPITAL (Specify whether)

In this community NO HOSPITAL years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Dunklin

(c) City or town: Kennett (If outside city or town limits, write "RURAL")

(d) Street No. 2 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) No
If yes, name country: 0

3. (a) PRINT FULL NAME: Belle Wilson

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

3. (c) Social Security No. 900

4. Sex: Female 5. Color or race: W 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: George O. Wilson (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: Dec. 30 1878 (Month) (Day) (Year)

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

9. Birthplace: Jackson Tenn (City, town, or county) (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business: -

12. Name: Andrew - Campbell

13. Birthplace: Jackson Tenn (City, town, or county) (State or foreign country)

14. Maiden name: Sabrina Campbell

15. Birthplace: Jackson Tenn (City, town, or county) (State or foreign country)

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

(b) Address: Proggadocio Mo

17. (a) General (b) Date thereof: 8-24-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Ridge Kennett Mo

18. (a) Signature of funeral director: W.T. Emery, Jr.

(b) Address: Hennrich Mo

19. (a) 8-24-44 (Date received local registrar) (b) Julia Blaukum (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23 year 1944 hour 2 minute 55 AM.

21. I hereby certify that I attended the deceased from 8-21, 1944, to 8-23, 1944, that I last saw her alive on 8-23, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis Duration 6 m

Due to: _____

Due to: _____

Other conditions: Myocarditis (include pregnancy within 3 months of death)

Major findings: 121 R

Of operations: _____

Of autopsy: _____

PHYSICIAN: 4076

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? _____

While at work? (Specify type of place) _____ (e) Means of injury: 0

23. Signature: Lawrence (M. D. or other) _____

Address: Kennett Mo Date signed: 8-24-44

RECEIVED

District Health Office No. 2,

District File Number 944-1196

Date Filed 9-6-44

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 H. H. Howard

Licensed Embalmer No. 3959

P. O. Address Leachville, Ark

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.