S. No. 2
OM—5-43
v. 5-17-39
p 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31186

Registration District No. 424 Primary Registration District No. 5579 Registrar's No. 175

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: Big River Twp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson

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

(d) Street No. Big River Township (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Laura Alice Wilson

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex female

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lawrence

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased 10-28-1867 (Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 24 If less than one day ___ hr. ___ min.

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

10. Usual occupation wife

11. Industry or business Keeping house

FATHER
12. Name James Henderson
13. Birthplace Franklin Co. Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Virginia Risen
15. Birthplace Franklin Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Wilson

(b) Address Grubville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-44 (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cemetery

18. (a) Signature of funeral director Sherwood Kodell

(b) Address St. Clair Mo

19. (a) Oct. 3. (Date received local registrar) (b) A. H. Eaton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1944 hour 5 minute a M.

21. I hereby certify that I attended the deceased from 3-2-, 1939 to 9-21-, 1944 that I last saw her alive on 9-20-, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis — Duration Years.

Due to

Due to

Other conditions Pyelocystitis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

131a

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? 0 (Specify type of place)

While at work? Means of injury 0

23. Signature W. E. Kitchell (M. D. or other)

Address St. Clair Mo Date signed 9/21

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(Licensed Embalmer's Statement on Reverse Side)

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 Sherwood Kidd

Licensed Embalmer No. 3873.

P. O. Address St. Clair, 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.