

FILED OCT 19 1944

Registration District No. 2 Primary Registration District No. 2007

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brandon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 24 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard
(c) City or town Essex
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Orca WILSON
(b) If veteran, name war _____ (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 2
year 1944 hour 1:30 P.M. minute _____ M.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
7. (b) Name of husband or wife Jesse Wilson (c) Age of husband or wife if alive _____ years
8. Birth date of deceased Sept 4 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 27, 1944 to October 2, 1944
that I last saw him or alive on October 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis Duration 5 days
Due to Chronic Pericarditis 1 Month
Due to Chronic Cystitis 34 months
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 64 Months _____ Days 28 If less than one day _____ hr. _____ min.
9. Birthplace Saline County Ill (City, town, or county) (State or foreign country)
10. Usual occupation housewife

Major findings: 918
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____
12. Name Hall Whitaker
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Beck
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs W. E. Caldwell
(b) Address Essex, Mo
17. (a) Burial (b) Date thereof 10 6 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Essex
18. (a) Signature of funeral director M. S. Shain
(b) Address F. S. Mo
19. (a) 10-5-44 (b) Orca Wilson
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature Orca Wilson (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 10-3-44

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

RECEIVED

District Health Office No. 2,

District File Number 1044-1376

Date Filed 10-12-44

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.....

.....Registered Apprentice No.....
working under my personal supervision.

Signed Alfred W. Greer

Licensed Embalmer No. 1027

P. O. Address Poplar Bluff

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.