

No. 2  
M-8-43  
5-17-39  
PI X37823

DEPARTMENT OF THE COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40788

FILED JAN 13 1945

State File No. \_\_\_\_\_

Registrar's No. 38

Registration District No. \_\_\_\_\_ Primary Registration District No. 5179

1. PLACE OF DEATH:

(a) County Candeur

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

(c) Name of hospital or institution:  
Home John P. Wilson - RR - # 1  
(Not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 yrs!  
(Specify whether)

In this community life  
(years, months or days)

3. (a) PRINT FULL NAME Amanda Jane Wilson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased Jane 5-18-55  
(Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Candeur Co mo  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

12. Name Webster Salony

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Wilson

(b) Address Candeur, mo RR # 1

17. (a) burial (b) Date thereof Nov 3 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montreal, mo

(e) Signature of funeral director Bankson - Woolery

(b) Address Candeur mo

19. (a) Dec 12 1944 (b) Earl Nelson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Candeur

(c) City or town Candeur 15  
(If outside city or town limits, write "RURAL")

(d) Street No. RR # 1  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 12-14-44 to 12-30-44  
that I last saw her alive on 10-18 and that death occurred on the date and hour stated above.

Immediate cause of death Chor Myocarditis Duration 6 yrs

Due to \_\_\_\_\_

Due to 93d

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature KD Atterberry (M. D. or other) DO

Address Candeur mo Date signed 12/12/44

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

500

1337

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

File Number 12-44-1518

MAR 27 1945

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

*Albe Woolery*

Licensed Embalmer No. 2488

P. O. Address Cambuster, 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.**