. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17241

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 95

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 419 Howard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL") 3
(d) Street No. 1129 S. Main
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country - - -

3. (a) PRINT FULL NAME Lillian Wilson

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert Wilson
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased August (Month) 12 (Day) 1915 (Year)

8. AGE: Years 29 Months 8 Days 22 If less than one day hr. min.

9. Birthplace New Hartford (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business None

FATHER
12. Name Floyd Wright
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Roxie Williams
15. Birthplace Pike County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Robert Wilson
(b) Address 1129 S. Main, Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri
19. (a) May 5 '45 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day May, year 1945 hour 5:45 minute P. M.
21. I hereby certify that I attended the deceased from Did Not Attend to 19 ;
that I last saw h alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage of Brain
Due to Bullet Wound self inflicted
Due to By 38 Cal. Smith & Wesson
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
164 Coroners Investigation

Duration

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) Suicide
(b) Date of occurrence 5-4-45
(c) Where did injury occur? Carthage (City or town) Jasper (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public & Industrial Place (Specify type of place)
While at work? No (e) Means of injury Bullet Wound
23. Signature D. W. Derfelt 2 (M. D. or other) DO
Address 2174 J Ophir Date signed 5-4-45

1203

(Licensed Embalmer's Statement on Reverse Side)

45-5-477

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 Lucy Knee-Buckner

Licensed Embalmer No. 2510

P. O. Address Carthage, 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.