. S. No. 2-
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17627

Registration District No. 234 Primary Registration District No. 5815 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Rural Versailles -Haw Creek Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town Rural Versailles 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles S.W. of Versailles 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Freda Paulene Wilson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex f 1

5. Color or race W

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Nelson Wilson

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased June (Month) 23 (Day) 1917 (Year)

8. AGE: Years 33 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Camden County, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name John Wesley Sumner
13. Birthplace Camden Co. (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Dora Hankins
15. Birthplace Camden Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant J. W. Sumner
(b) Address Versailles, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 31, 45 (Month) (Day) (Year)
(c) Place: burial or cremation Versailles Cemetery

18. (a) Signature of funeral director N. A. Hidwell
(b) Address Versailles Mo.

19. (a) May 31-45 (Date received local registrar) (b) Henry Kipp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1945 hour 10 minute 30 a M.

21. I hereby certify that I attended the deceased from 6-8-43, 19__, to 5-29, 1945; that I last saw her alive on 5-29, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 yrs
Due to	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. G. Gunn (M. D. ~~or other~~)

Address Versailles Date signed 5/29/45

1050

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 5-45-469
Date Filed 6-5-45

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 N. F. Kidwell

Licensed Embalmer No. 1596

JUN 8 1945

P. O. Address Versailles 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.