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ev. 5-17-39
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20382

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 496

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
1830 BENTON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 DAYS
(Specify whether years, months or days)

In this community 19 DAYS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE

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

(d) Street No. 1830 BENTON
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME JEWELL ROSEMARY WILSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1945 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from 6-20-1945 to 6-21-1945
that I last saw her alive on 6-20-1945
and that death occurred on the date and hour stated above.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive 22 years 2 (Day) 1945 (Year)

7. Birth date of deceased: June (Month) 2 (Day) 1945 (Year)

Immediate cause of death Cerebral Pneumonia

Due to

Due to 107

Other conditions (include pregnancy within 3 months of death)

8. AGE: Years 0 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Springfield MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business At Home

12. Name Harold Wilson

13. Birthplace Baxter Springs Kan.
(City, town, or county) (State or foreign country)

14. Maiden name Willa L. Shepherd

15. Birthplace WILLARD MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Harold L. Wilson

(b) Address SPRINGFIELD MO.

17. (a) Burial (b) Date thereof June 22-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery
Willingner Mo.

18. (a) Signature of funeral director Willingner Mo.

(b) Address SPRINGFIELD MO.

19. (a) 6-22-45 (b) B. W. Handley
(Date received local registrar) (Registrar's signature)

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? Green Lawn Cemetery
(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? NO (e) Means of injury NO

23. Signature W. Kelly (M. D. or other)

Address Springfield, MO. Date signed 6-21-45

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

487

W

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..... *Ogle Slone Jr.*.....

Licensed Embalmer No..... *4126*.....

P. O. Address..... *Springfield*.....

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.

X