

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
FILED MAY 16 1946 STANDARD CERTIFICATE OF DEATH

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

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Grundy

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

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

(d) Length of stay: In hospital or institution 3-10-46 to 3-12-46  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Elizabeth Jane Wilson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Winfred Wilson 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: Nov 28  
(Month) (Day) (Year)

8. AGE: Years 47 Months 3 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dullinon Co Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Wife

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

MOTHER FATHER { 12. Name William Ireland

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

14. Maiden name Ella Lambert

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

16. (a) Informant Winfred Wilson

(b) Address Spickard Mo.

17. (a) Burial (b) Date thereof Mar 14 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Elm Ave. Grundy Co. Mo

18. (a) Signature of funeral director Schubert Funeral Home

(b) Address Spickard Mo.

19. (a) 3-15-46 (b) Greene Fair  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 12  
year 1946 hour 10 minute 15 p.m.

21. I hereby certify that I attended the deceased from March 10, 1946, to March 12, 1946;  
that I last saw her alive on March 12, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Peritonitis

Due to Acute cholecystitis (Gallstones)

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

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

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

Of autopsy 129

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 E.H. Mullers M.D. (M. D. or other) \_\_\_\_\_

Address Trenton Mo Date signed 3-13-46

Duration Four days

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

6  
1  
2

15336

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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 *Ross Wise*

Licensed Embalmer No. 3971

P. O. Address Spickard 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.**