

**FILED** AUG 21 1946  
Registration District No. 190

Primary Registration District No. 5703

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chula - Rural - Medicine.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(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 Livingston 57

(c) City or town Chula - Rural. 9  
(If outside city or town limits, write "RURAL")

(d) Street No. Medicine Twp. 0  
(If rural, give location)

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

3. (a) PRINT FULL NAME Lucille 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 Clarence Wilson 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased: August 12 1912  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>33</u>	<u>11</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name Charles Henry Van Horne 1

13. Birthplace Ill. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Jacobs

15. Birthplace Akron Ohio 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Van Horne  
(b) Address Chula Mo. R 2

17. (a) Burial (b) Date thereof 8/10/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plainview

18. (a) Signature of funeral director E. J. Robertson Funeral Home  
(b) Address Chula Mo.

19. (a) 8/10/46 (b) Mrs. Bertha Boone  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7  
year 1946 hour 20 minute 25 P. M.

21. I hereby certify that I attended the deceased from Mar 1 - 46  
\_\_\_\_\_ 19\_\_\_\_ to Aug 7 1946  
that I last saw her alive on Aug 7 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death asthma, severe 34  
chronic

Due to cause undetermined

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

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

Major findings:  
Of operations 112

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

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) (a) Means of injury 1

23. Signature Joseph P. Conrad (M. D. or other) \_\_\_\_\_  
Address Chula Mo. Date signed Aug 10 1946

Duration

34

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

26535

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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..... *John M. Robertson* .....

Licensed Embalmer No. *4388* .....

P. O. Address *Laredo 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.**