

S. No. 2
M-543
7-5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33323

State File No. _____
Registrar's No. 792

Registration District No. 128 Primary Registration District No. 5465

39
080
32131
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County... GREENE
(b) City or town... Springfield
(c) Name of hospital or institution:
R. F. D. 6
(d) Length of stay: In hospital or institution...
In this community... years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State... Mo. (b) County... Greene 39
(c) City or town... Springfield
(d) Street No... R. F. D. 6
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME... Barbara Jean Wilson
3. (b) If veteran, name war... None
3. (c) Social Security No... None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day #2, 1 year 1946 hour 10 minute 25 P. M.
21. I hereby certify that I attended the deceased from 2 P.M. Oct 1, 1946 to 4 P.M. Oct 1, 1946 that I last saw her alive on Oct 1, 1946 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...
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... October 20, 1945 (Month) (Day) (Year)

Immediate cause of death... Bronchial pneumonia bilateral
Due to... Pertussis
Duration... 24 hrs
3 wks

8. AGE: Years Months Days If less than one day
0 11 11 hr. min.
9. Birthplace... Springfield Mo. (City, town, or county) (State or foreign country)

Due to...
Other conditions... none
(Include pregnancy within 3 months of death)

10. Usual occupation... Child
11. Industry or business... At Home
12. Name... Clarence Wilson
13. Birthplace... Rogersville Mo. (City, town, or county) (State or foreign country)
14. Maiden name... Nadine Criger
15. Birthplace... Webster County Mo. (City, town, or county) (State or foreign country)

Major findings:
Of operations...
Of autopsy...
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant... R. L. Criger
(b) Address... Springfield R # 6
17. (a) Burial (b) Date thereof... 10, 2-1946 (Month) (Day) (Year)
(c) Place: burial or cremation... Pleasant Grove Cem.
18. (a) Signature of funeral director...
(b) Address... Springfield Mo.
19. (a) 10-1-46 (b) Registrar's signature

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) (c) Means of injury
23. Signature... M. G. Benson M.D. Address... 432 Med Arts Bldg Date signed Oct 2, 1946

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.....
Max Rhodes

Licensed Embalmer No. *4071*

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