

Primary Registration District No. 5399

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Roy, Rural Campbell
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas 34
(c) City or town Ave, Roy Rural
(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 _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 1
year 1946 hour 3 minute 35 P. M.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife I. J. Wilson
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased October 14, 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 5
1946 to Oct 1, 1946
that I last saw her alive on Oct 1, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
57 11 17 hr. 0 min.

Immediate cause of death Acute uremic poisoning
Duration Short
Due to Myocarditis 3 or 4 years
Due to chronic nephritis 3 or 4 years
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 131B

9. Birthplace Roy, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business
12. Name William Moore
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Friscilla Lay
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant J. J. Wilson
(b) Address Roy, Missouri
17. (a) Burial (b) Date thereof 10-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sanders

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? 0
(Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Clinkingbeard Funeral
(b) Address Ava, Missouri
19. (a) 11-21-46 (b) Westa Bushman
(Date received local registrar) (Registrar's signature)

23. Signature R. M. Norman (M. D. or other) M. D.
Address Ava, Mo Date signed Oct 4, 46

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

RECEIVED

District Health Officer No. 6,

District File Number 1146-1187

Date Filed NOV 29 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..... *W. B. Luthman*

Licensed Embalmer No. 3431

P. O. Address Oran

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.