. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

Registration District No. 238

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5823

State File No. 137817

Registrar's No. 174

1. PLACE OF DEATH:

(a) County: New Madrid

(b) City or town: Rural R-1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: New Madrid

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

(d) Street No.: ✓
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Johnnie Mae Wilson

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: F

5. Color or race: Colored

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife: ✓

6. (c) Age of husband or wife if alive: ✓ years

7. Birth date of deceased: Dec (Month) 9 (Day) 1942 (Year)

8. AGE: Years 3 | Months 11 | Days 11 | If less than one day: hr. min.

9. Birthplace: New Madrid R-1 (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Child

11. Industry or business: ✓

FATHER
12. Name: John thomas Wilson
13. Birthplace: Jackson (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name: Lillian Patterson
15. Birthplace: McKinley (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant: Lillian Wilson
(b) Address: New Madrid, Mo R-1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 21 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Sand Hill

18. (a) Signature of funeral director: Richards Und Co
(b) Address: New Madrid, Mo

19. (a) 12-2-46 (Date received local registrar) (b) Nelson Lord Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 20 year: 1946 hour: 11 minute: 30 A.M.

21. I hereby certify that I attended the deceased from ✓, 19..., to ✓, 19...; that I last saw h. ✓ alive on ✓, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Burned to death in home	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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: 721

(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? (Specify type of place)

While at work?

(e) Means of injury: Burned

23. Signature: Leo H. Gossett (Coroner) (Medical examiner or other)

Address: New Madrid Date signed: 11/22-46

214 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1246-1408
Date Filed 12-5-46

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed T. G. Collins

Licensed Embalmer No. 4346

P. O. Address New Madrid, M

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.