

S. No. 2
M-8-43
S-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38052**
Registrar's No. **2065**

Registration District No. **301**

Primary Registration District No. **6041**

1. PLACE OF DEATH:
(a) County **Ripley**
(b) City or town **Thomas Rural**
(c) Name of hospital or institution **2 mi south of Naylor**
(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 **Ripley**
(c) City or town **rural**
(d) Street No. **2 mi So of Naylor**
(e) Citizen of foreign country? **NO**
If yes, name country _____

3. (a) PRINT FULL NAME **DONNA MAE WILSON**
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **25**
year **1946** hour **5** minute **20** P.M.
21. I hereby certify that I attended the deceased from **NOV 25**, 19**46** to **NOV 25**, 19**46**
that I last saw her alive on **NOV 25**, 19**46**
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. (c) Age of husband or wife if alive _____ years

Immediate cause of death **fractured pelvis**
Due to _____
Duration _____

8. AGE: Years _____ Months **20** If less than one day _____ hr. _____ min.

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

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

Major findings: Of operations **no**
Of autopsy **no**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name **James Wilson**
13. Birthplace **Waverly Miss.**
14. Maiden name **L. Donna Schomaker**
15. Birthplace **Lawson**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Wilson**
(b) Address **Naylor Mo.**

17. (a) **Burial** (b) Date thereof **11-26-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Naylor Mo.**

18. (a) Signature of funeral director **Minnie Cook**
(b) Address **Naylor Mo.**

19. (a) **12-10-46** (b) **W. Johnston**
(Date received local registrar) (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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature **Heurilite** (M. D. or other) _____
Address **Naylor Mo.** Date signed **11/25/46**

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

36866

277

(Licensed Embalmer's Statement on Reverse Side)

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 *Bryan McLeod*.....

Licensed Embalmer No. *79*.....

P. O. Address *Taylor, 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.