. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1947

Registration District No. 296

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6018

State File No. 14691

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural Fishing River Twnsho.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4 mi. S.E. Excelsior Springs
(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 Ray 89

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 miles S.E. Excelsior Springs
(If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Esther Jeanette Wilson

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Gordon Wilson

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased May 1, 1913 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
33	10	11	hr. min.

9. Birthplace Ray County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Bartlett Monroe Clevenger
13. Birthplace Ray County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Nancy Jane Smith
15. Birthplace Ray County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant John Gordon Wilson
(b) Address S.E. of Excelsior Springs, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Newgarden Cemetery

18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Missouri

19. (a) 3/14-47 (Date received local registrar) (b) Helen J Larkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1947 hour 7 minute 45 p.M.

21. I hereby certify that I attended the deceased from 3-11-47 to 3-12-1947
that I last saw her alive on Mar 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 108
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:

(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)

While at work? ..... (e) Means of injury .....

23. Signature J. E. Baird (M. D. or other)

Address Excelsior Springs Date signed 3-13-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number .....
Date Filed 4-15-47

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs, 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.