

No. 2
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35118**

FILED NOV 5 1947

Registration District No. **236**

Primary Registration District No. **4352**

Registrar's No. **50**

1. PLACE OF DEATH:

(a) County **Morgan**

(b) City or town **Versailles**
(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 **6 Yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **NANCY P. WILSON**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Wm C. Wilson**

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

7. Birth date of deceased **Oct. 18 1871**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	0	11	hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

12. Name **John Taylor**

13. Birthplace **No Record Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Talley**

15. Birthplace **No Record Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Loan Wilson**

(b) Address **Holden, Mo.**

17. (a) Burial (b) Date thereof **Nov. 1-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Big Rock Cemetery**

18. (a) Signature of funeral director **J. F. Howell**

(b) Address **Versailles, Mo.**

19. (a) 11-1-1947 (b) **J. L. Washburn**
(Date received local registrar) (Registrar's signature) **H.O.K.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Morgan** **71**

(c) City or town **Versailles**
(If outside city or town limits, write "RURAL.")

(d) Street No. **71**
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **29**
year **1947** hour **8** minute **00** a.m.

21. I hereby certify that I attended the deceased from **Oct. 27, 1947** to **Oct. 28, 1947**
and that death occurred on the date and hour stated above.

that I last saw her alive on **Oct. 28, 1947**

Immediate cause of death **Cardiac Failure, Chronic Myocarditis**

Duration **?**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **97A**

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?

While at work? (Specify type of place)

(e) Means of injury **2**

23. Signature **P. J. Eckhoff** (M. D. or other) **D.O.**

Address **Versailles, Mo.** Date signed **11-1-47**

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

RECEIVED
CLERK OF HEALTH OFFICE No. 7,
19-47-1282
Date Filed 11-9-47

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 A. F. Kimmel

Licensed Embalmer No. 1596

P. O. Address Kensalbs 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.