S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 26 1947

Registration District No. 294

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 39279

Primary Registration District No. 3056

Registrar's No. 262

88 6 3

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 109 Elizabeth
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DEATH:
(a) State: Missouri (b) County: Randolph
(c) City or town: Moberly
(If outside city or town limits, write "RURAL")
(d) Street No.: 109 Elizabeth
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No): 0
If yes, name country .....

3. (a) PRINT FULL NAME: Belle Wilson
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: Nov (Month) 6th (Day) 1865 (Year)

8. AGE: Years 80 | Months — | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace: Ill (City, town, or county) (State or foreign country)

10. Usual occupation: none

11. Industry or business .....

MOTHER FATHER
12. Name: no data
13. Birthplace: " (City, town, or county) 9 (State or foreign country)
14. Maiden name: "
15. Birthplace: " (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mary Wilson
(b) Address: 109 Elizabeth. Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Santa Fe, Mo

18. (a) Signature of funeral director: Graham and Son
(b) Address: Moberly Mo

19. (a) Nov 14-47 (Date received local registrar) (b) Leah Hueckeden Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12th year 1947 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11-1-1946, 19..., to 11-12-1947, 19...; that I last saw h. alive on 11-12-1947, 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chronic myocarditis | 5 years |
| Due to: | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| Of autopsy: | |

PHYSICIAN — Underline the cause of 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 .....

23. Signature: E. T. Weltaker ~~(M. D.)~~ D.O.
Address: Moberly, Mo Date signed 11-14-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

This form is in duplicate

DEC 2 1947

RECEIVED
District Health Officer No. 10
District File Number 11-47-161
Date Filed NOV 24 1947

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 Frank D. D. Hutt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.**