

Registration District No. **65** Primary Registration District No. **5249** Registrar's No. **42**

1. PLACE OF DEATH: **Dutton**
 (a) County: **Charlton**
 (b) City or town: **Rural Bowling Green Miss.**
 (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.....
 In this community.....
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State: **Mo** (b) County: **De Witt** 21
 (c) City or town: **Rural Bowling Green Miss.**
 (If outside city or town limits, write "RURAL")
 (d) Street No.: **3 miles north of Dutton**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME: **LINDA-CAROL-WILSON**
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....
 4. Sex: **Female** 5. Color or race: **Black**
 6. (a) Single, widowed, married, divorced: **Single**
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased: **Dec. 21 - 1947**
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec** day **22**
 year **1947** hour **03** minute **0** P. M.
 21. I hereby certify that I attended the deceased from **Dec 21**, 19**47** to **Dec 22**, 19**47**
 that I last saw him alive on **Dec 21**, 19**47**
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
— — 1 hr. min.

Immediate cause of death: **Prematurity (6 months)**
 Due to: **premature rupture of membranes** 12-17-47
 Due to:
 Other conditions: **none**
 (Include pregnancy within 3 months of death)

9. Birthplace: **Dutton Mo**
 (City, town, or county) (State or foreign country)
 10. Usual occupation: **Teacher**
 11. Industry or business:
 12. Name: **Linda Wilson**
 13. Birthplace: **Dutton Mo**
 (City, town, or county) (State or foreign country)
 14. Maiden name: **J. Pearl Hunter**
 15. Birthplace: **Dutton Mo**
 (City, town, or county) (State or foreign country)
 16. (a) Informant: **Osgen Wilson**
 (b) Address: **Dutton**
 17. (a) **Rural** (b) Date thereof: **Dec 23 - 1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: **Dutton's**
 18. (a) Signature of funeral director: **Key & Sawist**
 (b) Address: **Key & Sawist**
 19. (a) **Dec 23 1947** (b) **Mildred Brown**
 (Date received local registrar) (Registrar's signature)

Major findings:
 Of operations: **59**
 Of autopsy:
 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: **J. L. Harmon** (M. D. or other) **M.D.**
 Address: **Salsbury Mo** Date signed: **12-26-47**

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

MOTHER FATHER

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.....

This body was not embalmed.
....., Registered Apprentice No.....
working under my personal supervision.

Signed *H. D. Burnett*
.....

Licensed Embalmer No. *3046*
.....

P. O. Address *Key West 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.