

FILED FEB 19 1948

Registration District No. 173

Primary Registration District No. 3036

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Aurora Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. 128 E. Springfield St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME CLESSIE WILSON

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife B. O. Wilson 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 12 1900
(Month) (Day) (Year)

8. AGE: Years 48 Months 0 Days 29 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Penson Shipman
13. Birthplace Arz.
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Hallobury
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Delbert Harrison

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 2/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director James King

(b) Address Aurora, Mo.

19. (a) 2-13-48 (b) Ora Mae Matt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 / day 11
year 1948 hour 9 minute 5 P.M.

21. I hereby certify that I attended the deceased from Nov 3
1947 to Feb 11 1948
that I last saw her alive on Feb 11 1948
and that death occurred on the date and hour stated above

Immediate cause of death Carcinoma of Uterus Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Uterus PHYSICIAN

Of autopsy..... 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) (c) Means of injury 0

23. Signature W. B. Harrison (M. D. or other)
Address Aurora Mo Date signed Feb 12 1948

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

RECEIVED

District Health Officer No. 6,

District File Number 248-248

Date Filed FEB 18 1948

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.....

Walter S. Cobb

, Registered Apprentice No. 94

working under my personal supervision.

Signed:.....

[Signature]
Licensed Embalmer No. 3529

P. O. Address..... Aurora, Missouri

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.