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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13552

Registration District No. 233 Primary Registration District No. 5813 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Montgomery

(b) Upper Loutre Rural.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: in own home south of Wellsville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Rural 70
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. South of Wellsville 0
(If rural, give location)

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

If yes, name country — 0

3. (a) PRINT FULL NAME Olive Mae Wilson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race H.

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

6. (b) Name of husband or wife B. R. Wilson

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb - 13 - 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 22 If less than one day ..... min.

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

10. Usual occupation At Home

11. Industry or business Same

FATHER
12. Name Andrew Eichor
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Gertrude Hutchinson
15. Birthplace Penn
(City, town, or county) (State or foreign country)

16. (a) Informant B. R. Wilson
(b) Address Wellsville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Wellsville Mo

18. (a) Signature of funeral director R. B. Wells
(b) Address Wellsville Mo

19. April 5, 1948 (Date received local registrar) (b) Thos Meritt (Registrar's signature) 511

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 4 day 4
year 1948 hour 8 minute 45 A M.

21. I hereby certify that I attended the deceased from Jan 5, 1946 to April 4, 1948
that I last saw her alive on April 4, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma rectum	2 years
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

46 D

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? — (Specify type of place)

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

23. Signature J. W. Byland (M. D. or other)
Address Wellsville Mo Date signed 4/4/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4/21/48

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~~ Self

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed K B Hulbert

Licensed Embalmer No. 1588

P. O. Address Hillsville, 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.