

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

Registration District No. **121** Primary Registration District No. **2401** Registrar's No. _____

1. PLACE OF DEATH:
(a) County **JASPER**
(b) City or town **JOPLIN**
(c) Name of hospital or institution **FREEMAN'S HOSPITAL 11**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 Days**
(Specify whether years, months or days)
In this community **13 days**

3: (a) PRINT FULL NAME **OLLIE MYRTLE WILGUS**
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 **MARRIED**
6. (b) Name of husband or wife **ALFRED** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **NOVEMBER 8, 1885**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 8 18 hr. min.

9. Birthplace **Cass County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **Frances Davidson**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Selina Gillum**

15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alfred Wilgus**

(b) Address **LaCygne, Kansas**

17. (a) Removal (b) Date thereof **7-26-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LaCygne, Kansas**

18. (a) Signature of funeral director **Parker-Hunsaker**

(b) Address **1502 Joplin, Joplin Mo**

19. (a) 7-26-48 (b) *Malcolm Sampson*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kansas** (b) County **Jasper**
(c) City or town **LaCygne**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **26**
year **1948** hour **11:15** minute **A.** M.
21. I hereby certify that I attended the deceased from 7-13-48
that I last saw her alive on **7-26**
and that death occurred on the date and hour stated above.

Immediate cause of death **Diffuse patchial cerebral hemorrhage**
Due to **Mild arterial hypertension**
Due to **Decreased capillary permeability**

Duration
Progressive
last 3 wks.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
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) _____
Means of injury _____

Signature *B. Phillips* (M. D. or other) _____
Address *Joplin Mo* Date signed **7-26-48**

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.....

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

working under my personal supervision.

Signed Steve Parks

Licensed Embalmer No. 25148

P. O. Address Golden, Colo

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.