

FILED AUG 26 1948
Registration District No. **295**Primary Registration District No. **443**Registrar's No. **33**

1. PLACE OF DEATH:

(a) County **Randolph**
 (b) City or town **Huntsville**
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____
 (Specify whether _____)
 In this community _____
 (years, months or days)

3: (a) PRINT FULL NAME **Lela Lucille 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 **single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased **September 5 1929**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 11 9 hr. min.

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

10. Usual occupation **waitress**

11. Industry or business _____

12. Name **Herbert Wilson**
 13. Birthplace **Chariton County Missouri**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Maggie Mae Wallace**
 15. Birthplace **Ardmore Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Miss Elaine Wilson**(b) Address **Moberly, Missouri**

17. (a) **burial** (b) Date thereof **8/17/1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Huntsville, Missouri**18. (a) Signature of funeral director **Tom B Patton**(b) Address **Huntsville, Mo**

19. (a) **Aug-21-1948** (b) **Mod. R.A. Barnhart**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph** **88**
 (c) City or town **Huntsville** **/**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) **0**
 (e) Citizen of foreign country? **no** (Yes or No) **0**
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug**, day **14**
 year **1948** hour **11** minute **00** A.M.

21. I hereby certify that I attended the deceased from
Aug 14 1948 to **Aug 14 1948**
 that I last saw h. alive on **Aug 14 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Overdose of Secoral** **2 1/2 Hrs.**
about 12 caps 1 1/2 gm - Taken
 Due to **accidentally**

Due to _____
 Other conditions **none** **1948**
 (Include pregnancy within 3 months of death) **10**

Major findings: **none**
 Of operations _____

Stomach contents analyzed
2 large amount of hospital found

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**
 (b) Date of occurrence **8/14/48**
 (c) Where did ~~death~~ occur? **Huntsville, Randolph Co. Mo.**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature **P. J. Dreyer** (M. D. or other) **MD**
 Address **Huntsville Mo** Date signed **8/17/48**

AUG 27 1948

RECEIVED
District Health Officer No. 10
District File Number 8-28-150
Date Filed AUG 24 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.