

No. 300
10-48

FILED AUG 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22539

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia mo.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>219 Lynn st.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no - 219 Lynn St 1</u>			
3. NAME OF DECEASED (Type or Print) <u>BEWEAH</u>		a. (First) <u>Wilson</u>	b. (Middle)
		c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>7 29-1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>negro.</u>	7. MARRIED, NEVER MARRIED, WIDOWED , DIVORCED (Specify)	8. DATE OF BIRTH <u>1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>72</u>
11. BIRTHPLACE (State or foreign country) <u>Boone Co. D</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Don't Know</u>		13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Wilson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>James B Williams</u> ADDRESS <u>635 E. 61st St.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bright's Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> ANTECEDENT CAUSES DUE TO (b) <u>No Data</u> DUE TO (c) <u>No Data</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Diabetes sugar 4+</u> INTERVAL BETWEEN ONSET AND DEATH <u>592X</u> <u>No Data</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-23</u> , 19 <u>49</u> , to <u>7-26</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-26</u> , 19 <u>49</u> and that death occurred at <u>2:20 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J B Williams</u> (Degree of title)		23b. ADDRESS <u>Wilson Ave 1353</u>	
		23c. DATE SIGNED <u>8-1-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 1 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) <u>Columbia mo</u>	
DATE REC'D BY LOCAL REG. <u>August 1, 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>A C Fraerman</u>		ADDRESS <u>Columbia mo</u>	

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

10
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RECEIVED
AUG 8 1949
District Health Officer No. 9,
District File Number

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed A. H. Freeman

Licensed Embalmer No. 2837

P. O. Address Columbia 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.