No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27087
State File No.

FILED AUG 25 1948
Registration District No. 1096

Primary Registration District No. 3096

Registrar's No. 41

1. PLACE OF DEATH:
(a) County Moniteau County
(b) City or town California, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Months (Specify whether
In this community Entire Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town California 1
(If outside city or town limits, write "RURAL") 1
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JEANETTE ANN BAND WILSON
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 4
6. (b) Name of husband or wife Chas. K. Wilson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 20, 1869 (Month) (Day) (Year)

8. AGE: Years 79 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace Bing, Ontario Canada 9 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Robert Band
13. Birthplace Alloway, Scotland. 4 (City, town, or county) (State or foreign country)
14. Maiden name Hannah Waltho
15. Birthplace Bing, Ontario 2 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Gray
(b) Address California, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetry
18. (a) Signature of funeral director Williams Funeral Home
(b) Address California, Mo.
19. (a) Aug 14-48 (Date received local registrar) (b) H.R. Popejoy (Registrar's signature) 1-12

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1948 hour 8 4 minute 45 A.M. P.M.
21. I hereby certify that I attended the deceased from Dec 20, 19 47, to Aug 13, 19 48;
that I last saw h.. alive on Aug 13, 19 48
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Colon.	10 months
Due to: Cause unknown.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 L. L. Latham (M. D. or Other)
Address Calpfarnia Mo Date signed 8-14-48

Jefferson City Printing Co. (Licensed Embalmer) (Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 24 1948

SEP 14 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 H E Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California 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.