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36471

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 20 1946

Registration District No. 80

Primary Registration District No. 5807

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Coala

(b) City or town Russellville Tenn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Coala

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Rosa Wilson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9
year 1946 hour 1:10 minute 4 A. M.

21. I hereby certify that I attended the deceased from March 15 to Nov 9, 1946
that I last saw her alive on Nov 9, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Larry Wilson

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

7. Birth date of deceased: Nov 1891
(Month) (Day) (Year)

Immediate cause of death Malignant Melioma - Spinal Column

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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

9. Birthplace Stingtown Coala County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Eliehard R. Beckelman

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Gertruda Fischer

15. Birthplace Germany 11
(City, town, or county) (State or foreign country)

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

(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)

(e) Means of injury 2

16. (a) Informant Edward Wilson

(b) Address Rolla Mo

17. (a) Burial (b) Date thereof: 11.11.1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Cem. 5711 S. 1st

18. (a) Signature of funeral director E. M. Eliehard

(b) Address Russellville Mo

19. (a) Nov. 10 (b) Mrs. Minnie Hittmeyer
(Date received local registrar) (Registrar's signature)

23. Signature E. M. Eliehard (M. D. or other) DO

Address Russellville Mo Date signed 11/10/46

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

MOTHER FATHER

35-1000

70

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
~~Date Filed 11/19/46~~

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..... *Hugh H. Schuckert*
Licensed Embalmer No. *2870*
P. O. Address..... *Russellville, 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.