

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Gilkey
 DEC 3 1938

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

38168
 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 397
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Keosauqua (d) Street No. Mercy Street St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 4402

2. PRINT FULL NAME

Wilcox, Melvin Lee
 (a) Residence, No. 836 S 9th St. Kans City Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 9 28
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Child
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keosauqua Kansas
 FATHER 13. NAME Keith Wilcox
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill Mo
 MOTHER 15. MAIDEN NAME Pearl Donnell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT (ADDRESS) Keith Wilcox 834 S 9th St
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope DATE 11-17-38
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leads Bros 1416 Main Ave
 20. FILED Nov 11, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 1938

22. I HEREBY CERTIFY, That I attended deceased from October 30 1938 to November 11 1938
 I last saw him alive on November 11 1938 Death is said to have occurred on the date stated above, at 8:22 a.m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia (Primary)
107a
 Other contributory causes of importance:
Myocarditis, Acute
2 days

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify (Signed) H. M. Silkey M. D.
 (Address) 1346 Prof Bldg.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.