

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.

DEC 21 1938

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

40092
Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski Registration District No. 713
(b) Township 28 Primary Registration District No. 28 Registered No. _____
(c) City Waynesville, Mo. (d) Street No. _____ 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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Francis Marion Wilkinson

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) Feb. 2, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 9 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as saw mill, bank, etc. In Store
10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas County, Mo.

FATHER 13. NAME Richard Wilkinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Kissie Dodd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. L. N. Huff (ADDRESS) Waynesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mitchell Cem. DATE Nov. 7, 1938

19. FUNERAL DIRECTOR (NAME) J. L. HOOPS & SONS (ADDRESS) Crocker, Mo.

20. FILED 11/6 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5 1938 to Nov 6 1938

I last saw him alive on Nov 6 1938 Death is said

to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

Fractured skull
an internal rupture
(auto accident)

Date of onset 11/3/38

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/5 1938

Where did injury occur Waynesville, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

on Highway 66

Manner of injury auto accident

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) C. G. Holt, M. D.

(Address) Waynesville, Mo.

210m

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, ...

Paul B. Hoops

or by

Registered Apprentice No., working under my personal supervision.

Signed

Paul B. Hoops

Licensed Embalmer No. 3261

P. O. Address

Griffin, 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, above space should be left blank.

N. B.—Every item of information should be carefully supplied. AGE MUST 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.

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

ALL INFORMATION OBTAINED
HEREIN MUST BE WRITTEN AND
NOT SUPPLEMENTARY

1. PLACE OF DEATH

County Pulaski

Registration District No. 713

File No. 40092

Township

Primary Registration District No. 4428

Registered No.

City Waynesville (No. , St. , Ward)

2. FULL NAME

Francis Marion Wilkerson

(a) Residence, No. , St. , Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

LESS than 1

day, hrs.

or min.

8. Trade, profession, or particular kind of work done, as farmer, lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Nov 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw him alive on , 19. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured skull

and internal injuries

auto accident

Other contributory causes of importance

Was struck by

an auto while walking

across U. S. Highway 66

Name of operation

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?

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) C. A. Talbot, M. D.

(Address) Waynesville

