

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.

JAN 12 1939

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

44099
Do not use this space.

1. PLACE OF DEATH

(a) County Pattis Registration District No. 668
(b) Township 2 Primary Registration District No. 3132
(c) City Sedalia (d) Street No. KSEX 1211 So. Lamine 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.

2. PRINT FULL NAME Sephus Wilkerson

(a) Residence, No. 1211 So. Lamine St. ☐
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 3 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Waiter
9. Industry or business in which work was done, as 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) Missouri

FATHER 13. NAME Robert Wilkerson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Otterville, Mo.

MOTHER 15. MAIDEN NAME Louise Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Louise Wilkerson
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Dec. 20, 1938

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED 12-20-38 Wm Harry Sneed
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 19th 1938 to Dec 19 1938

I last saw him alive on Dec 19 1938 Death is said to have occurred on the date stated above, at 5:30 m.

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

Metastases from Melanoma
Sarcoma of Soft
Shoulder -
53'

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? Findings Where an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 1938
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) John B. Carlisle M.D. M. D.

(Address) Sedalia Mo
12/20/38

to Filed
District File Number
11/14/30
Inspector No. 8

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, _____

Geo Dillard

, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Geo Dillard

Licensed Embalmer No. 3868

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.