

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 27 1939

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

35716  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Cape Girardeau Registration District No. 130  
 (b) Township Hubble Primary Registration District No. 4073  
 (c) City White Water Mo. (d) Street No. R. F. D. #2  
 (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 Jesse R. Wilkanson  
 (a) Residence, No. R. F. D. #2 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
68 5 14

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. Farmer  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Oak Ridge  
 (STATE OR COUNTRY) Missouri

FATHER  
 13. NAME James Wilkinson  
 14. BIRTHPLACE (CITY OR TOWN) Dont Know  
 (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Missouri Hill  
 16. BIRTHPLACE (CITY OR TOWN) Dont Know  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Spencer Reynolds  
 (ADDRESS) White Water Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Proffer Cemetery DATE 11-5-1939

19. FUNERAL DIRECTOR (NAME) L. L. Haman  
 (ADDRESS) Cape Girardeau Missouri

20. FILED Nov 6 1939 Mrs Wm Stickle  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1939, to non, 1939  
 I last saw him alive on Sept 18, 1939. Death is said to have occurred on the date stated above, at 1504 m.  
 The principal cause of death and related causes of importance were as follows:  
Sclerosis of liver  
124  
arteriosclerosis  
 Date of onset 6 mo.

Other contributory causes of importance:  
arteriosclerosis

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy no

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) W W Davault M. D.  
Allenville Mo (Address)

*Mr. J. M. Thacker*  
*R. L. A.*

**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.**