

Registration District No. 44 Primary Registration District No. 2002 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Joplin General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Lillie B. Wilkinson 475
8. (b) If veteran, X name war _____
8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fred W. Wilkinson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 11 1891
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation At home.

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur Williams
(b) Address Joplin

17. (a) Burial (b) Date thereof Oct. 12, 39.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Ed B. Janning
(b) Address _____

19. (a) 10-13-39 (b) _____
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1413 North Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th
year 1939 hour 11 minute _____ A. M.

21. I hereby certify that I attended the deceased from Oct 3, 1939, to Oct 8th, 1939;
that I last saw h. alive on Oct 8th, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis
Due to Respiratory Appendicitis
Due to Acute Appendicitis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Respiratory Appendicitis and gangrenous spot.
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(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)
(a) Means of injury _____
23. Signature W. D. J. Heryatt _____
Address 2114 Joplin Date signed Oct 12 1939

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.

RECEIVED

District Health Officer No. 6,

District File Number 1139-2267

Date Filed NOV 9 1939

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.