

MAY 13 1940

Registration District No. 173

Primary Registration District No. 5246

Registrar's No. 415740

1. PLACE OF DEATH:

- (a) County Chariton County
 (b) City or town Rural - Wayland
 (c) Name of hospital or institution: 2
 (If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community Life
years, months or days3. (a) PRINT FULL NAME ORPHA Lou WILKEY

3. (b) If veteran, name war _____
 3. (c) Social Security No. + No

4. Sex Fe 5. Color or race W
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carl Wilkey
 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June 15 1885
 (Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 25
 If less than one day _____ hr. _____ min.

9. Birthplace Randolph County Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Richard Barnes

13. Birthplace Unknown Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Spencer Harbame

15. Birthplace Randolph County Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carl Wilkey

- (b) Address College Mound

17. (a) Burial (b) Date thereof April 2, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Mt. Carmel

18. (a) Signature of funeral director Tom B. Patton

- (b) Address Huntersville Mo

19. (a) 4-13-1940 (b) J. D. WEADEM
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Chariton
 (c) City or town Rural, Wayland
 (If outside city or town limits, write "RURAL")

- (d) Street No. _____
 (If rural, give location)

- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-10th day 1940
 year _____ hour 6 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from April 23, 1938, to April 10, 1940
 that I last saw her alive on April 9, 1940
 and that death occurred on the date and hour stated above.

- Immediate cause of death Gastric carcinoma
 Duration 2 1/2 yrs.

Due to _____

Due to _____

- Other conditions None
 (Include pregnancy within 3 months of death)

- Major findings:
 Of operations _____

Of autopsy _____

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)
 (e) Means of injury _____

23. Signature J. L. Hanna (M. D. or other) MD

- Address Salesbury Mo Date signed 4-15-40

Date Filed 2-9-40
District File Number 2-9-40
District Health Officer No. 87
RECEIVED

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..... Paul J. Balle.....

Licensed Embalmer No. 4095

P. O. Address Huntsville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.