

JUL 15 1940
Registration District No. **109**

Primary Registration District No. **8-162**

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Rural
(c) Name of hospital or institution: three miles north of Guthrie, Mo.
(d) Length of stay: In hospital or institution all life
In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Rural
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Ida Eveline Wilkerson 426
3. (b) If veteran, name war _____ **3. (c) Social Security No.** _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 27
year 1940 hour 4 minute _____ A.M.

4. Sex Female **5. Color or race** white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife W. H. Wilkerson **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased 7 5 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 21, 1940, to June 27, 1940;
that I last saw her alive on June 27, 1940,
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 11 Days 22 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Thrombosis
Duration not known

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

Due to _____
Due to 5/28

10. Usual occupation Housewife

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name William Gibbs
18. Birthplace Callaway Missouri
14. Maiden name Louisa Brooks
15. Birthplace Callaway Missouri
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy no

16. (a) Informant's own signature Brooks Reynolds
(b) Address St. Louis, Missouri

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial _____ **(b) Date thereof** 6/28/1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dryfork

While at work _____ **(Specify type of place)** _____
(c) Means of injury _____

18. (a) Signature of funeral director Ray Holt
(b) Address New Bloomfield, Missouri
19. (a) June 27-40 **(b) E. McIl Rusk** 109
(Date received local registrar) (Registrar's signature)

23. Signature E. McIl Rusk (M. D. or other)
Address New Bloomfield, Mo. **Date signed** 6/27/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X1951

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 Ray A. Holt

Licensed Embalmer No. 2603

P. O. Address New Bloomfield Pa

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.