

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22517
Registrar's No. 206

Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
307 East 4th St. Sedalia Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life years, months or days)

8. (a) PRINT FULL NAME Mildred Lee Wilkerson

8. (b) If veteran, name war. ---- 8. (c) Social Security No. -----

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased May 2 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 I II hr. min.

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

10. Usual occupation Student

11. Industry or business 0

12. Name Jess T. Wilkerson

13. Birthplace Carthage Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Grace Denel

15. Birthplace Prarie Home Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Wilkerson

(b) Address Sedalia Missouri

17. (a) Burial (b) Date thereof 6 14 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia Missouri

19. (a) 6-14-40 (b) Mrs Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 307 East 4th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1940 hour 5 minute 48 P.M.

21. I hereby certify that I attended the deceased from May 12 to June 13, 1940

that I last saw him alive on June 12 and that death occurred on the date and hour stated above.

Immediate cause of death Purpura

Hemorrhagic

Septicemia

Due to Hereditary

Due to 64

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

Major findings:
Of operations -----

Of autopsy -----

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) (e) Means of injury -----

23. Signature J. T. Bishop (M. D. or other) 1

Address Sedalia Date signed 6-14-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

30
4
4

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-11-40

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..... Ralph E. Baker

Licensed Embalmer No. 2419

P. O. Address..... Sedalia Missouri

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.