

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22517

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 206

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 years, months or days)

In this community _____

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
<u>I4</u>	<u>I</u>	<u>II</u>	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 40 P.M.

21. I hereby certify that I attended the deceased from May 13 to June 13, 1940
that I last saw him alive on June 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Septicemia
Septic Malacia

Due to Heredit

Due to _____

Other conditions 64
(Include pregnancy within 3 months of death)

PHYSICIAN

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) _____

Address Sedalia Date signed 6-14-40

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

30
4
4

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-11-70

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.