No. 2
11-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 19 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38450

Registration District No. 296 Primary Registration District No. 4180 Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Union
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Franklin

(c) City or town Union.
(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.

3. (a) PRINT FULL NAME John W. Wilcox 1122

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 12 (Day) 1850 (Year)

8. AGE: Years 90 Months 7 Days 7 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Dr. S. S. Wilcox 4
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Elizabeth Dollins
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Josie Stalcup
(b) Address Union, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 20, 1940 (Month) (Day) (Year)
(c) Place burial or cremation Union Cemetery

18. (a) Signature of funeral director Wm. H. Horn
(b) Address Union, Missouri

19. (a) 8-20-40 (Date received local registrar) (b) Louis F. Hower M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 19 49 to Aug 19 49 that I last saw him alive on Aug 17 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to 51

Due to

Other conditions Cancer of Urinary bladder
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. M. Denny (M. D. or other) M.D.

Address Union Mo. Date signed 8-20-40

(Licensed Embalmer's Statement on Reverse Side)

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 Wm. H. Horn

Licensed Embalmer No. 3175

P. O. Address Union, Mo.

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

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