

NO SEP 25 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

300199
Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 891
(b) Township Benton 2 Primary Registration District No. 6191
(c) City (d) Street No. St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

W. LADONNA ROSE WILCOX
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-27-10
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 9
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Piedmont, Mo.
(STATE OR COUNTRY) Missouri

13. NAME Harry Wilcox
14. BIRTHPLACE (CITY OR TOWN) Patterson,
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Selma Kemp
16. BIRTHPLACE (CITY OR TOWN) Flat River,
(STATE OR COUNTRY) Missouri

17. INFORMANT Sam Kemp
(ADDRESS) Piedmont, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ruble Cem. DATE 9-6-40

19. FUNERAL DIRECTOR X
(ADDRESS) 739

20. FILED 8-27 19 9-6-40
W. L. Felix
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5-40
22. I HEREBY CERTIFY, That I attended deceased from 8-27, 1940 to 9-5, 1940
I last saw her alive on 9-2, 1940. Death is said to have occurred on the date stated above, at l.a.l. m.
The principal cause of death and related causes of importance were as follows:

Premature Birth
Date of onset 154
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No. Date of injury X, 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify No.
(Signed) W. L. Jones, M. D.
(Address) Piedmont, Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)