

Registration District No. 23 Primary Registration District No. 5746

1. PLACE OF DEATH:
(a) County Morgan
(b) City or town Rural
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution at home
(Specify whether) _____
In this community 9 months
years, months or days move from Canada

3. (a) PRINT FULL NAME Benjamin J. Wilkening
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 married

6. (b) Name of husband or wife Wey Henley Wilkening 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Oct - 28 - 1889
(Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 7
If less than one day _____ hr _____ min

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

10. Usual occupation Farming

11. Industry or business _____
12. Name John Wilkening
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Hilda Abel
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. B. J. Wilkening
(b) Address Smithton Mo
17. (a) Burial (b) Date, thereof 9-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Takecreek

18. (a) Signature of funeral director A. F. Kemmeyer
(b) Address Smithton Mo
19. (a) Oct 8 - 1940 (b) Mr. Arthur Schuler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Canada previous moving (b) County to Missouri
(c) City or town _____
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5
year 1940 hour 4 minute 20 A. M.
21. I hereby certify that I attended the deceased from July 70
to Oct 4, 1940
that I last saw him alive on Oct 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
Stomach
Due to _____
Due to _____
Other conditions 46
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?
521 S. 1st St. Smithton Mo

23. Signature A. F. Kemmeyer (M. D. or other) _____
Address Smithton Mo Date signed 10/7/40

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

MOTHER FATHER

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..... *A. F. Neumeier*

Licensed Embalmer No. *3912*

P. O. Address *Smithton*

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.