No. 2
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7-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 39069

Registration District No. 470 Primary Registration District No. 5633 Registrar's No. 144

DEC 14 1940

**1. PLACE OF DEATH:**
(a) County Lawrence
(b) ~~City or town~~ Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 6 days

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Mississippi
(c) City or town Charleston
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ada Wilkins
3. (b) If veteran, name war No
3. (c) Social Security No. None known
4. Sex Female
5. Color or race Black
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 July (Month) 30th (Day) 1910 (Year)
8. AGE: Years 30 Months 3 Days 14 If less than one day hr. min.
9. Birthplace Charleston (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name Elijah Wilkins
13. Birthplace Unknown (City, town, or county) Arkansas (State or foreign country)
14. Maiden name Dora Wicker
15. Birthplace Charleston (City, town, or county) Missouri (State or foreign country)
16. (a) Informant E. McMichael, Record Clerk
(b) Address Missouri State Sanatorium
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 14-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Charleston Mo
18. (a) Signature of funeral director Geo B Orr
(b) Address Mt Vernon Mo
19. (a) 11-14-1940 (Date received local registrar) (b) P. A. HOLMES (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 13th year 1940 hour 8:10 minute P M.
21. I hereby certify that I attended the deceased from Nov. 7th, 1940 to Nov. 13th, 1940 that I last saw her alive on Nov. 13th, 1940 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Pulmonary tuberculosis | ? |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

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 Paul H Wedin (M. D. ~~or coroner~~)
Address Mt. Vernon Mo Date signed Nov 14, 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1140-2934
Date Filed DEC 5 1940

**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 George B Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon Me

**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.**