

Registration District No. **667**

Primary Registration District No. **5863**

Registrar's No. **74**

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

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Rural St. James
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether)

In this community _____ years, months or days (Specify whether)

8. (a) PRINT FULL NAME BOBBY GENE WILMUTH

8. (b) If veteran, name war X

8. (c) Social Security No. X

4. Sex Male **5. Color or race** W

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

6. (b) Name of husband or wife X **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased December 10, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days _____ If less than one day _____ min.

9. Birthplace East Prairie, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation X

11. Industry or business X

12. Name Tom Wilmoth

13. Birthplace Hickman, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Zella Mills

15. Birthplace Sikeston, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Wilmoth

(b) Address East Prairie, Mo.

17. (a) Burial, cremation, or removal Burial **(b) Date thereof** Dec. 12, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation W. O. W. East Prairie

18. (a) Signature of funeral director James Shelby

(b) Address East Prairie, Mo.

19. (a) Jan 2-1941 **(b) Registrar's signature** Mrs. O. M. Jody
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 mile North of East Prairie, Mo
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH: Month Dec day 11
year 1940 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 10
_____ 1940 to Dec 11 1940
that I last saw him alive on Dec 11 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage

Duration _____

Due to Rapid Decline of Severe Cardiovascular

Due to _____

Other conditions 165 lbs
(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? _____

877 While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. P. Martin (M. D. or other) _____

Address East Prairie **Date signed** 12-20-40

RECEIVED

District Health Officer No. 2,

District File Number 147-114

Date Filed 1/14/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.