

Registration District No. 55

Primary Registration District No. 62624033

72
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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ana Fern Wilkerson

3. (b) If veteran, name war 0

8. (c) Social Security No. 0

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife 0

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased Jan 17 1941
(Month) (Day) (Year)

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

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

10. Usual occupation clerk

11. Industry or business

MOTHER FATHER

12. Name Buel Wilkerson

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

14. Maiden name V. M. Davis

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

16. (a) Informant Buel Wilkerson

(b) Address Bellevue MO

17. (a) Kenney (b) Date thereof Jan 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Elizabeth Mummery

(b) Address Bellevue Mo

19. (a) 2-17-41 (b) Elizabeth Mummery
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison

(c) City or town Bellevue
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18/41
year _____ hour 1 day minute _____ M.

21. I hereby certify that I attended the deceased from Jan 17/41
_____ 19____ to Jan 18 1941
that I last saw her alive on Jan 17 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Fat embolism of valve
failed to close

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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) no

(b) Date of occurrence 2/18/41

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? no (Specify type of place) (e) Means of injury heart

23. Signature Bob Beebe (M. D. or other) _____
Address Bellevue Mo Date signed Jan 18/41

RECEIVED

District Health Officer No. 2,

District File Number 241-280

Date Filed 2/19/42

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.