V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7730

MAR 19 1941

Registration District No. 29

Primary Registration District No. 5831

Registrar's No.

74
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution One Mile North West of Ravenwood Mo.
(If not in hospital or institution, write street number or location)

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

In this community one year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74 0

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

(d) Street No. One Mile North West of Ravenwood Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Phoebe Emeline Wilkerson

3. (b) If veteran, name war Y

3. (c) Social Security No. Y

4. Sex Female

5. Color or race Wht

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

6. (b) Name of husband or wife S. A. Wilkerson

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased 1 (Month) 1 (Day) 1875 (Year)

8. AGE: Years 66 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Gentry County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Smith
13. Birthplace Russell County (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sharabe Gossar
15. Birthplace Russell County (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant S. A. Wilkerson

(b) Address Ravenwood, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Jennings Cemetary

18. (a) Signature of funeral director J. Evah Johnson

(b) Address Maryberry Missouri

19. (a) Feb 10, 1941 (Date received by local registrar) (b) Grace Buholl (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 41 hour 7:00 minute a — M.

21. I hereby certify that I attended the deceased from Nov 2 1940, 2-5 1941; that I last saw her alive on 1-26 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Hypertension	
Due to Rheumatism	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy No

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 J. M. Boyles (M. D. or other)

Address Conception Junct. Date signed 2-5-41

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

J. Evan Johnson, Registered Apprentice No. .....,

working under my personal supervision.

Signed J. Evan Johnson

Licensed Embalmer No. 34921

P. O. Address Stanberry Mo.

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.