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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7745

FEB MAR 19 1941
Registration District No. 249

Primary Registration District No. 4383 5848

Registrar's No. _____

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

1. PLACE OF DEATH

(a) County Osage

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

(c) Name of hospital or institution: 1 Benton
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

(c) City or town St. Aubert
(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.

3. (a) PRINT FULL NAME Charles Levi Wilkerson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1941 hour 7 minute _____ M.

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Mary Frances 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept 18 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 6th 1941, to Feb 7th 1941; that I last saw him alive on Feb 6 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 4 Days 9 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage 3 days

Due to Sitrosclerosis and Hypertension 5 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) 82W

9. Birthplace St. Clair County, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Murray

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. John Sullivan

(b) Address 939 Locust

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Feb 9, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? 570

(c) Place: burial or cremation St. Aubert

(Specify type of place) _____

While at work? _____ (d) Means of injury _____

18. (e) Signature of funeral director James Surice

(b) Address 700 Jefferson - Jefferson City, Mo.

23. Signature J. D. Taylor M.D. (M.D. or other) _____

Address Jefferson City, Mo. Date signed 2/8/41

19. (a) Feb 21, 1941 (b) Earl Bowler
(Date received local registrar) (Registrar's signature)

Dr. V. Simpson
Dr. Townsend

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 *L. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Jefferson City, 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, fact should be so stated above.