

No. 2
4-19-40
5-17-39
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APR 15 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10785
Registrar's No. 10

Registration District No. _____

Primary Registration District No. 4211

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Windsor
(c) Name of hospital or institution: 503 E. Colorado
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years
In this community 8 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Franklin P. Wilkerson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Mattie Inge Wilkerson 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased: November 4 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming (Retired)

11. Industry or business _____

MOTHER FATHER { 12. Name Meredith Wilkerson
13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Smith
15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. P. Wilkerson

(b) Address Windsor, Missouri
17. (a) Burial (b) Date thereof 3-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri

19. (a) 3-6-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 503 E. Colorado
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1941 hour 12:40 P. M. minute _____ M.
21. I hereby certify that I attended the deceased from 2-26
1941 to 3-4-41, 19____;
that I last saw him alive on 3-1-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Duration ?
Due to _____
Due to _____
Other conditions Prostatism
(Include pregnancy within 3 months of death)
Major findings: none
Of operations: _____
Of autopsy: none

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?
319 While at work? (Specify type of place) _____
(e) Means of injury _____
Signature Ray B. Jordan (M. D. or other) _____
Address Windsor, Mo Date signed 3-6-41

RECEIVED
District Health Officer No. 7,
District File Number 4/41/673
Date Filed 4/14/41

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 Edw. M. Foster

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.