

D. 2
13-40
7-39
X23159

State File No. _____

Registration District No. 651

Primary Registration District No. 4388

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Pemscot

(b) City or town Sarabethenville

(c) Name of hospital or institution: 311 E. 3rd Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community all life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemscot

(c) City or town Sarabethenville
(If outside city or town limit write "RURAL")

(d) Street No. 311 E 3rd St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Henry Ward Wilks

(b) If veteran, name war x home

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1941 hour 9 minute 30 A. M.

4. Sex Male

5. Color or race White

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

(b) Name of husband or wife Mother Jane Wilks

(c) Age of husband or wife if alive 59 years

7. Birth date of deceased July - 29 - 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1st 1941 to March 1st 1941; that I last saw him alive on March 1st 1941 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	if less than one day
<u>65</u>	<u>7</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death Dead Seed decay
propagated from
Due to Heart Condition

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

10. Usual occupation Laborer

11. Industry or business Wilson's Industries

12. Name H. J. Wilks

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

14. Maiden name Molly Spencer

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

16. (a) Informant Paul Wilks Mackay

(b) Address Sarabethenville, Mo.

17. (a) Burial (b) Date thereof 3/4/41
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director La Forge and Co.

(b) Address Sarabethenville, Mo.

19. (a) March 4, 1941 (b) Ada Martin
(Date received by registrar) (Registrar's signature)

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration

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? 585

(Specify type of place) _____
While at work _____ (e) Means of injury _____

23. Signature [Signature] M. D. or other _____

Address Sarabethenville, Mo. Date signed 3-4-41

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

8
1
2

5

4-41-6

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.....

J. D. Schuman

Licensed Embalmer No. *4086*

P. O. Address *Cynthiana, 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.