

No. 2
-13-40
17-39
X23159

State File No. _____

Registration District No. 761

Primary Registration District No. 4456

Registrar's No. 5

1. PLACE OF DEATH:

(a) County St. Clair

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

(c) Name of hospital or institution: Home
(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 35 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair

(c) City or town Appleton City
(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.? 0 years.

3. (a) PRINT FULL NAME MAGGIE, WILKITS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race White

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

6. (b) Name of husband or wife IRA R. WILKITS

6. (c) Age of husband or wife if alive 65 1/2 years
(Day) (Year)

7. Birth date of deceased Apr 18 1874
(Month) (Day) (Year)

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

66 11 28 hr. _____ min.

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

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Harvey Douglass

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

14. Maiden name _____

15. Birthplace Elisa Jane Campbell
(City, town, or county) (State or foreign country)

16. (a) Informant Wendell

(b) Address _____

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

(c) Place: burial or cremation Appleton City Cem

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City Mo

19. (a) 4-9-1941 (b) Mrs. Olio Aubrey
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 7 year 1941 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from July 1 1939 to April 7 1941

that I last saw her alive on April 6 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic coma
Chronic nephritis

Due to _____

Due to _____

Other conditions 12/18
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 836

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. L. Danvers M. D. or other MD

Address Appleton City Date signed 4-9-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 5-41-767

Date Filed 5-6-41

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.....

Me on the 6th day of Apr 1941

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 7110

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.