S. No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18200

Registration District No. 431 Primary Registration District No. 3023 Registrar's No. 66

1. PLACE OF DEATH
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL") 2
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Betty Marie Wilborn
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Mar. (Month) 19 (Day) 1941 (Year)
8. AGE: Years 0 Months 1 Days 15 If less than one day hr. min.
9. Birthplace Warrensburg (City, town, or county) Mo. (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓
FATHER 12. Name Kenneth Wilborn
13. Birthplace Greenridge (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Lillie Pearl Sullivan
15. Birthplace Warrensburg (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Kenneth Wilborn
(b) Address Warrensburg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Knobroster Cem.
18. (a) Signature of funeral director W. R. Wilcox
(b) Address Warrensburg Mo.
19. (a) May 5-1941 (Date received by local registrar) (b) Bertha Henley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1941 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 19, 1941, to May 4, 1941, that I last saw her alive on May 3, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Suppurative Hepatitis	2 weeks
Due to Streptococcus Sore throat	3 weeks
Due to /	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 R. Lee Cooper (M. D. or other) M.D.
Address Warrensburg, Mo. Date signed 5-5-41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number 6-12-41
Date Filed

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~~ (myself) Registered Apprentice No. working under my personal supervision.

Signed Howard K. Tuffin

Licensed Embalmer No. 3053

P. O. Address Warrensburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.