. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19272

Registration District No. 874 Primary Registration District No. 6151B- Registrar's No.

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

1. PLACE OF DEATH:

(a) County Vernon

(b) ~~City or~~ town Rural Moundville twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Moundville twp / (If not in hospital or institution, write street number or location)

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

In this community 50 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Moundville twp (If rural, give location)

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

3. (a) PRINT FULL NAME Alver May Wilker

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Charles Wilker

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Sept (Month) 30 (Day) 1869 (Year)

8. AGE: Years 71 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Lincoln Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name John Thornhill
13. Birthplace Lincoln Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Rachel Kelley
15. Birthplace Lincoln Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Charley Wilker

(b) Address Bronaugh Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/41 (Month) (Day) (Year)

(c) Place: burial or cremation Worsley Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada, Mo

19. (a) May 18-41 (Date received local registrar) (b) Mrs N B Prinn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1941 hour 1 minute A M.

21. I hereby certify that I attended the deceased from March 10, 1941, to March 30, 1941; that I last saw her alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rt cerebral hemorrhage with left hemiplegia	2-20-41
Due to Hypertensive heart disease	3 yrs
Due to Chr. interstitial nephritis + arteriosclerosis	4-5 yrs
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131 a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R B Wray MD (M. D. or other) 0

Address Nevada Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Lloyd R. Winnett

Licensed Embalmer No. 3857

P. O. Address Kirwada, 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, above space should be left blank.