S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22504

Registration District No. 735 Primary Registration District No. 3034 Registrar's No. 179

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: McCormick Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs 30 min (Specify whether years, months or days)

In this community ~~None~~ 2 hr 30 min

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County S.

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

(d) Street No. 314 E. 60 th St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Margarette B. Wilkins

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Black

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

6. (b) Name of husband or wife Leo Wilkins

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased April, 3, 1907 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
34	1	26	hr. min.

9. Birthplace Evansville (City, town, or county) Ind. (State or foreign country)

10. Usual occupation Hotel Maid

11. Industry or business

FATHER
12. Name Buckner
13. Birthplace (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Leo Wilkins

(b) Address 314 E. 60th St. Chicago Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 2, 41 (Month) (Day) (Year)

(c) Place: burial or cremation Chicago Ill.

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

(b) Address Moberly Missouri.

19. (a) June 2-41 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1941 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from None, 19__, to ____, 19__; that I last saw her alive on May 31, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull rt. frontal and crushed left chest caused by automobile

Due to wreck on highway #24 5 miles East of Moberly on 5-31-41 3 pm

Due to Coroners case.

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) Accident

(b) Date of occurrence 5 31-41 3pm

(c) Where did injury occur? Highway 24 5 mi E Moberly (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway #24 137 (Specify type of place)

While at work? no (e) Means of injury Auto collision

23. Signature H. C. Gryfick (M.D. or other) Coroner

Address Moberly Mo Date signed 6-1-41

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 1941

JUL 25 1941

AUG 1 3 1941

AUG 1 8 1941

RECEIVED
District Health Officer No. 10
District File Number 7-41-1290
Date Filed JUL 16 1941

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 R. M. Cater

Licensed Embalmer No. 4117

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