

FILED SEP 18 1941
Registration District No. **54**

Primary Registration District No. **5979a**

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

1. PLACE OF DEATH:

(a) County Reynolds

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

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Reynolds
⁹⁰

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

(d) Street No. _____
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Lilly Emline Wilkins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Lyman Wilkins 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8-17-1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 12 Days _____ If less than one day hr. _____ min.

9. Birthplace don't know
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

MOTHER FATHER

11. Industry or business _____

12. Name Will Mines

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

14. Maiden name Emiline Reese

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

16. (a) Informant Everett Wilkins

(b) Address Bunker, Mo.

17. (a) Burial (b) Date thereof 8-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greely Cemetery

18. (a) Signature of funeral director Hobson

(b) Address Salem, Missouri

19. (a) 8-30-41 (b) Althea Beck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
year 1941 hour 6 AM minute 6 A M.

21. I hereby certify that I attended the deceased from Jan 18, 1941, to July 4, 1941; that I last saw her alive on Aug 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to High tension

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

Major findings: Of operations no

Of autopsy no

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) no

(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. H. Drees (M. D. or other) 0

Address Salem, Mo. Date signed 24 30 41

SEP 22 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.....

H. D. Hobson

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

H. D. Hobson

.....
Licensed Embalmer No. *928*

P. O. Address *Salem 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.