

FILED MAR 20 1942  
Registration District No. 20

Primary Registration District No. 475-7

Registrar's No. 1

1. PLACE OF DEATH:

(a) County De Kalb  
(b) City or town Clarksdale Miss  
(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)  
In this community 1 day  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County De Kalb  
(c) City or town Clarksdale mo  
(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.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME DIXIE ELANE WILHELM

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 1 28 - 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 16 hr. min.

9. Birthplace Clarksdale Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name WELTON WILHELM  
13. Birthplace Clarksdale mo  
(City, town, or county) (State or foreign country)  
14. Maiden name FATHENE WILHELM  
15. Birthplace Clarksdale ms  
(City, town, or county) (State or foreign country)

16. (a) Informant Hellen Wilhelme  
(b) Address Clarksdale

17. (a) Burial (b) Date thereof 1-30-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksdale mo

18. (a) Signature of funeral director John P. Brown  
(b) Address Clarksdale mo

19. (a) Feb 23 1942 (b) Mrs C.M. Davis  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29  
year 1942 hour 2 P.M. minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from Jan 28, 1942 to Jan 29, 1942  
that I last saw her alive on Jan 29, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth  
Due to Congenital Debility

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 159  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 2  
23. Signature J.M. Carter (M.D. or other) D.O.  
Address Shrewtonville Mo. Date signed 2-20-42

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

**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 *John J. Brown*

Licensed Embalmer No. *3933*

P. O. Address *Chapel Hill, N.C.*

**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.**