

17675

State File No. _____

Registrar's No. 25

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHRegistration District No. 127Primary Registration District No. 5183

1. PLACE OF DEATH:

- (a) County Cape Girardeau
 (b) City or town Rural White Water Township
 (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 88 yrs
years, months or days3. (a) PRINT
FULL NAME Emily Jane Wilkinson

3. (b) If veteran,
-
- name war _____

3. (c) Social Security
-
- No. _____

4. Sex
- F

5. Color or
race W

6. (a) Single, widowed, married,
-
- 9
- divorced.

6. (b) Name of husband or wife _____

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

7. Birth date of deceased
- February
-
- (Month) (Day) (Year)

3 1854
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

88325

hr. _____ min.

9. Birthplace
- Cape Girardeau Missouri
-
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Housewife

11. Industry or business _____

12. Name
- Levi Wehty

13. Birthplace
- Cape Girardeau Missouri
-
- (City, town, or county) (State or foreign country)

14. Maiden name
- Baker

15. Birthplace
- Cape Girardeau Missouri
-
- (City, town, or county) (State or foreign country)

16. (a) Informant's own signature
- Male Wilkinson

- (b) Address
- Jackson Mo

17. (a)
- Burial
- (b) Date thereof
- May 30 1942
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Wilkinson Cemetery

18. (a) Signature of funeral director
- Jackie Wilson Howard

- (b) Address
- Jackson Mo

19. (a)
- May 30 1942
- (b)
- J. H. Keaster
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Missouri
- (b) County
- Cape Girardeau

- (c) City or town
- Rural
-
- (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- May
- day
- 28
-
- year
- 1942
- hour
- 4
- minute _____ P. M.

21. I hereby certify that I attended the deceased from
-
- May 19
- 19
- 42
- to
- May 28
- 19
- 42
-
- that I last saw her alive on
- May 19
- 19
- 42
-
- and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral ThrombosisDuration
Subacute
10 days

Due to _____

Due to _____

- Other conditions
- Myocarditis
-
- (Include pregnancy within 3 months of death)

5 yrsMajor findings:
Of operations _____Of autopsy 930

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? _____

While at work? _____ (Specify type of place)

23. Signature
- J. H. Keaster
- (M. D. or other) _____

- Address
- Jackson Mo
- Date signed
- 5-28-42

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39
I-10851

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 4
District File Number 642-746
Date Filed 6-11-42

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 Glen Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.