

MAILED OCT 10 1942
Registration District No. 47

Primary Registration District No. 3008

State File No.

Registrar's No. 302

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Callaway County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural-- McCredie
(If outside city or town limits, write "RURAL")
(d) Street No. 9 Mile North of Fulton.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME OLLIE DEE WILKERSON

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fe. / 5. Color or race White 6. (a) Single, widowed, married, Divorced Widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years

7. Birth date of deceased March 12 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 4 hr. min.

9. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Marcus L. King

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Mountjoy

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

16. (a) Informant Jack Wilkerson

(b) Address McCredie, Mo

17. (a) Burial (b) Date thereof 9/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Cloud Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Fulton, Missouri.

19. (a) 9-17-42 (b) Jessie M. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1942 hour 1 minute 05 A.M.

21. I hereby certify that I attended the deceased from Jan 10
1941 to Sept 16 1942
that I last saw her alive on Sept 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Eng. and Overexert.

Due to Eng. and Overexert.

Due to Eng. and Overexert.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

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) (e) Means of injury
23. Signature [Signature] (M. D. or other)
Address Fulton Mo Date signed 9-17-42

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.....

Leont E. White

Licensed Embalmer No. *4168*

P. O. Address..... *Fulton, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29995
Registrar's No. 502

Registration District No. 47 Primary Registration District 3008

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Juba
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ollie Lee Wilkerson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Mar 12
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 20 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 14 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____
to _____, 19____
that I first saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death Suppurative pneumonia Duration _____

Due to _____
Due to Bacterial

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

Major findings:
Of operations _____

Of autopsy _____

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)

(b) 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 _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

