

FILED OCT 9 1942

Registration District No. 408

Primary Registration District No. 5562

Registrar's No. 198

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Rural--Marion Township
 (c) Name of hospital or institution:
Route 4 / Carthage
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 45 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Rural
 (d) Street No. Route 4, Carthage
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Robert Carter Wilbur
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 9 day 18 year 1942 hour 6 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Sept 1 1942 to Sept 18 1942
 that I last saw him alive on Sept 10 1942 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Hannah Rebecca Wilbur
 6. (c) Age of husband or wife if alive - years
 7. Birth date of deceased October 17 1858
 (Month) (Day) (Year)

Immediate cause of death Chronic Valvular Heart

8. AGE: Years 83 Months 11 Days 1
 If less than one day hr. min.

Due to Senility

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

Due to.....

10. Usual occupation Trucker (retired)

Other conditions (Include pregnancy within 3 months of death) 93d

11. Industry or business None

Major findings: Of operations.....

12. Name Arnold Wilbur

Of autopsy.....

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

14. Maiden name Nancy Thorn

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

16. (a) Informant Robert Harrison Wilbur

(b) Address Route 4, Carthage, Missouri

17. (a) Burial (b) Date thereof Sept. 19, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Sept. 18, 1942 (b) Fly of the Complex
 (Date received local registrar) (Registrar's signature)

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 R. E. Baker (M. D. or other)
 Address Carthage, Mo Date signed 9-18-42

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

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

49
0
0

49

0

0

0

MOTHER FATHER

1203

(Licensed Embalmer's Statement on Reverse Side)

429.798

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.....

P. W. K. Miller

Licensed Embalmer No.....

814

P. O. Address.....

Carthage 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, fact should be so stated above.