

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31662

State File No. \_\_\_\_\_

Registration District No. 374

Primary Registration District No. 6275

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

- (a) County North  
(b) City or town Albany  
(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 Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME CLARA BELL WILKINSON

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

4. Sex M 5. Color or race N 6. (a) Single, widowed, married 2  
6. (b) Name of husband or wife Geo. W. Wilkinson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 30 1861  
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

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

12. Name A. R. Daniels  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Wardman  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford A. Wilkinson  
(b) Address Albany Mo.

17. (a) Burial (b) Date thereof 9-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hick Cemetery

18. (a) Signature of funeral director A. C. Dumm  
(b) Address Frank City Mo.

19. (a) Sept. 20, 1942 (b) Arden Scadden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County North  
(c) City or town Rural  
(d) Street No. Albany Mo.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 12th day 12 year 1942 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from Sept 6th 1942 to Sept 12 1942  
that I last saw her alive on Sept 8 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Wrenia Paiseing Duration 30 days

Due to Chronic Nephritis  
Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 131 R  
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) (d) Means of injury \_\_\_\_\_  
23. Signature P. L. Fullerton (M. D. or other) 9/11/42  
Address Redding Date signed \_\_\_\_\_

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

1104 (Licensed Embalmer's Statement on Reverse Side)

APR 22 1943

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**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.....

*Arch C. Dunfee*

Licensed Embalmer No. ....

*3252*

P. O. Address.....

*Leant City, 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.**