

S. No. 2
1-11-10-39
v. 5-17-39
I X21492

33587

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 10 1942
Registration District No. 93

Primary Registration District No. 4155

Registrar's No. 44

1. PLACE OF DEATH:
 (a) County Dade
 (b) City or town Overton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: L
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dade
 (c) City or town Overton
(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.? 0 years.

3. (a) PRINT FULL NAME Cyrene Allen Wilks
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____
4. Sex female **5. Color or race** white
6. (a) Single, widowed, married, 2 divorced Widow
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
 alive _____ years
7. Birth date of deceased 12 - 20 - 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 22
 year 1942 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1942 to 10/22/42, 1942
 that I last saw her alive on 10/22, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 10 Days 2
 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage
 Due to _____
 Due to _____
 Other conditions 830
(Include pregnancy within 3 months of death)

9. Birthplace Dade Co. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name George Peindexter
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Charlotte Smith
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

Major findings: ✓
 Of operations _____
 Of autopsy No

16. (a) Informant Miss Maffet Wilks
(b) Address Overton Mo.
17. (a) Burial **(b) Date thereof** 10-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sinking Creek
18. (a) Signature of funeral director Monroe Guman
(b) Address Overton Mo.
19. (a) 10-25-42 **(b)** Phyllis Lack
(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) P
 (b) Date of occurrence 0
 (c) Where did injury occur? 0
(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)
 (b) Means of injury 0
23. Signature [Signature] (M. D. or other)
 Address Overton MO Date signed 10/24/42

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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

29
00

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 7742-1572

Date Filed NOV 9 1942

DEC 28 1942

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 G. R. Leman

Licensed Embalmer No. 3297

P. O. Address Milber 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.