

FILED NOV 13 1942

State File No.

Registration District No. 139

Primary Registration District No. 4771

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Mound City
(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..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Mound City
(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..... No.

3. (a) PRINT FULL NAME

John Wesley Wilfong

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Samatha J. Wilfong 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Feb 8 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 8 10 ..hr. min.

9. Birthplace Clark Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Bengeman Wilfong
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hurre Hale
(b) Address Mound City, Mo.

17. (a) Burial (b) Date thereof 10-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Cemetery, Graham, Mo.

18. (a) Signature of funeral director W. G. ...

(b) Address Mound City, Mo.

19. (a) 10-22-42 (b) Pauline Swanson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th.
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 7 1942
1942, to Oct. 20, 1942, 1942
that I last saw him alive on Oct. 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

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) (e) Means of injury.....

23. Signature Pauline Swanson (M. D. or other) MD

Address Mound City, Mo. Date signed 10-21-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

44
1
0

44
6
0

1188

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.....

M. C. Crawford

Licensed Embalmer No. *1824*

P. O. Address *Mound 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.