1-45 ay
S. No. 2
1—5-42
-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1943

Registration District No. 97

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5355

State File No. 10081

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Rural Washington

(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 years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas 30

(c) City or town Rural

(If outside city or town limits, write "RURAL")

(d) Street No. Phillipsburg Mo

(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Iva Wilkerson

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife C. L. Wilkerson

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased 2 (Month) 24 (Day) 1873 (Year)

8. AGE: Years 69 Months 10 Days 27 If less than one day ..... hr. ..... min.

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

10. Usual occupation House ~~Keep~~ wife

11. Industry or business .....

FATHER

12. Name ~~[illegible]~~ Larx Burd

13. Birthplace ~~[illegible]~~ Unknown (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Unknown

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

16. (a) Informant C. L. Wilkerson

(b) Address Phillipsburg Mo.

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

(c) Place: burial or cremation Harmony

18. (a) Signature of funeral director L. B. Jones

(b) Address Buffalo Mo

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 21 year 1943 hour 1 minute 55 A.M.

21. I hereby certify that I attended the deceased from 5-15, 1942 to 1-21, 1943 that I last saw him alive on 1-30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Melatus — Duration

Due to .....

Due to .....

Other conditions (Include pregnancy, within 3 months of death) 0

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. W. Lindsay (M. D. or other) MD

Address Conway Mo Date signed 2-2-43

1127

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-43-154
Date Filed 8-2-43

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 Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo Iowa

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.

S. No. 2B
M—8-21-41
[redacted] X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18081

Registration District No. 97 Primary Registration District No. 5300 Registrar's No. 6

1. PLACE OF DEATH:

(a) County: Dallas

(b) City or town: Rural
(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 years, months or days)
In this community C

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: Iva Wilkerson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: m

6. (b) Name of husband or wife

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

7. Birth date of deceased: Feb (Month) 24 (Day) 1874 (Year)

8. AGE: Years 69 Months 10 Days If less than one day hr. min.

9. Birthplace: Vienna (City, town, or county) Mo. (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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Feb 24-1943 (Date received local registrar) (b) Ima Arthur Hoover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1943 hour minute M.

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

Immediate cause of death	Duration
Due to	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY