

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 11 1943

Registration District No. 228

Primary Registration District No. 6348

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Bellflower Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

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

(d) Street No. Home
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Mary Etta Wilkinson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife R.E. Wilkinson

6. (c) Age of husband or wife if alive 2 years (Day) (Year)

7. Birth date of deceased: 2 / 2 / 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>1</u>	<u>4</u>hr.min.

9. Birthplace Erie Co New York
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Housewife

11. Industry or business General duties

12. Name Amos Clark

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

14. Maiden name Louisa Fuller

15. Birthplace Erie Co New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Obe Brown

(b) Address Bellflower Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3-10-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Macedonia cem.

18. (a) Signature of funeral director P. H. Jones

(b) Address Bellflower

19. (a) 3-12-43 (Date received local registrar)

(b) Lillie Jeffries (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6 year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 25 1943, to Mar 6 1943; that I last saw her alive on Mar 5 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Duration 16 days

Due to Arterio Sclerosis

Due to.....

Other conditions (Include pregnancy within 3 months of death) gla

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 P. H. Jones (M. D. or other)

Address Bellflower Mo Date signed 3-6-43

MOTHER FATHER

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

70
0
J

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.....
....., Me....., working under my personal supervision.

Signed..... *Clarence A. Jones*.....
Licensed Embalmer No. 2978.....
P. O. Address..... *Belflower 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.