

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1010

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 hrs 50 min
In this community 16 hrs 50 min (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 120 1/2 N. Robinson 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Robert Wilkinson

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased 12 Dec 11 - 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 hr. 50 min

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

10. Usual occupation Engineer at Home

11. Industry or business

MOTHER FATHER

12. Name Robert Will Wilkinson
13. Birthplace Oklahoma City Oklahoma
(City, town, or county) (State or foreign country)
14. Maiden name Mary Evelyn Blue
15. Birthplace Saint Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Wilkinson

(b) Address 120 1/2 N. Robinson Spfld. Mo.

17. (a) Burial (b) Date thereof 12-12-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesley Chapel

18. (a) Signature of funeral director J. W. Ingber & Co.
(b) Address Springfield Mo.

19. (a) 12-13-43 (b) O. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 12
Year 1943 Hour 4:30 minute PM

21. I hereby certify that I attended the deceased from 12-11 1943 to 12-12 1943

that I last saw him alive on 12-12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Prematurity

Due to

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations

Of autopsy no

Duration

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?

While at work? (Specify type of place) Means of injury

23. Signature Edmund Engel (M. D. or other)

Address 120 1/2 N. Robinson Spfld. Mo. Date signed 12-13-43

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

9
2
6

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 Ogle Stone Jr.
Licensed Embalmer No. 4176
P. O. Address Springfield 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.