

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 18 1944

Registration District No.

Primary Registration District No. 5006 5720

Registrar's No. 312

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 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)

3. (a) PRINT FULL NAME EDMUND WILKES
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 Widowed
6. (b) Name of husband or wife Henrietta 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased 11 - 15 - 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 5 If less than one day
hr. min.

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

10. Usual occupation Retired Minister

11. Industry or business.....

MOTHER FATHER { 12. Name Lansford B. Wilkes
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Bryan
15. Birthplace Palmyra, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. I. McHarg
(b) Address Route 1, Columbia, Mo.

17. (a) Burial (b) Date thereof 12-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 12-21-1943 (b) E. Alma H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 20
year 1943 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from 1-8
1943 to Dec. 20 - 1943
that I last saw him alive on Dec. 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary Edema

Due to Pleur & High B.P.
Due to 33a

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

PHYSICIAN
Major findings: None
Of operations.....
Of autopsy None
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)
(e) Means of injury.....
23. Signature J. W. P. Dyson (M. D. or other)
Address Columbia, Mo. Date signed 12-20-43

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 *W. S. Whitfield*.....

Licensed Embalmer No. *3893*.....

P. O. Address *Columbia 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.