. No. 2
—1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11569

Registration District No. 227 Primary Registration District No. 5806 Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town RURAL - SOUTH FORK Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 13 SO. E. OF PARIS 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 30 ~~42~~ YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County MONROE 69

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

(d) Street No. 13 MI. SO. E. OF PARIS (If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Mildred P. WILKERSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife HORACE WILKERSON

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Aug. (Month) 19 (Day) 1886 (Year)

8. AGE: Years 57 Months 6 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Florida, Mo (City, town, or county) Mo. U (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name C.M.G. Dusendschon
13. Birthplace HAMBURG GERMANY 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ~~Ullmer~~ Elizabeth Ullmer
15. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

16. (a) Informant Horace B. Wilkerson

(b) Address Santa Fe, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 3, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation PLEASANT HILL

18. (a) Signature of funeral director Speed & Blaky

(b) Address PARIS, Mo.

19. (a) 3-2-44 (Date received local registrar) (b) Maym Gast (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 1 year 1944 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from Feb. 3-1944, 19..., to March 1, 1944, that I last saw her alive on March 1st, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of large colon and liver. Duration NK

Due to cance colon

Due to

Other conditions ✓ (Include pregnancy within 3 months of death) 46 [illegible]

Major findings: Of operations ✓ laparotomy - in Feb. Of autopsy proved above

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 Nellie S. Christman (M.D. or other) H.O.

Address PARIS, Mo. Date signed 3-2-44

127 [illegible]

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1944

RECEIVED
District Health Officer No. 10
District File Number 4-44-682
Date Filed APR 4 1944

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 A. B. Blakey

Licensed Embalmer No. 2614

P. O. Address PARIS, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.