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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12413**

FILED APR 14 1944
Registration District No. **200**

Primary Registration District No. **6225**

Registrar's No. **50**

108
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon Washington Nevada

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

(c) Name of hospital or institution: State Hosp No 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
in this community 1 year 10 mo 17 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME BERTHA-WILKS

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1944 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from April 22, 1944 to March 10, 1944
that I last saw her alive on March 10, 1944
and that death occurred on the date and hour stated above.

4. Sex female 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 — years

7. Birth date of deceased Sept 13 1871
(Month) (Day) (Year)

Immediate cause of death: Cardio-vascular Renal Disease

Due to Chronic nephritis and arteriosclerosis

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Duration 13/10

8. AGE: Years 72 Months 5 Days 26 If less than one day — hr. — min.

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

10. Usual occupation housekeeping

11. Industry or business none

Major findings: Of operations no operations

Of autopsy no autopsy

PHYSICIAN —
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name William Wilks

13. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Susan Harris

15. Birthplace unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp 3
(b) Address Nevada Mo

17. (a) Burial (b) Date thereof 3-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Verona Mo

18. (a) Signature of funeral director Fossitt F Home
(b) Address mt Vernon Mo

19. (a) 3-10-44 (b) Hazel B Beech
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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 Paul L Barone (M. D. or other) —
Address State Hosp 3 Date signed May 10 1944

RECEIVED

District Health Officer No. 7.

District File Number 3-44-528

Date Filed 4-12-44

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 H. H. Fossett

Licensed Embalmer No. 2201

P. O. Address 14 Vernon St

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.