V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25187

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 68

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Princeton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Axtell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community All His Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 65
(c) City or town Rural- Harrison 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME D.M. Wilcox

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Olevia Wilcox
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Oct. (Month) 5 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
82	9	17	hr. min.

9. Birthplace (City, town, or county) Ky. 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name John Wilcox
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Fred Wilcox
(b) Address Princeton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-44 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge
18. (a) Signature of funeral director Martin Funeral Home
(b) Address Princeton, Mo.
19. (a) 7/24/44 (Date received local registrar) (b) Leon Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 22 day
year 1944 hour 11 minute 10P.P.M.
21. I hereby certify that I attended the deceased from July 20, 1944, to July 22, 1944; that I last saw him alive on July 22, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
uremia	3 wk.
Due to hypertrophy of prostate with retention of urine.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

137a

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 Byron L. Axtell (M. D. or other) D.O
Address Princeton, Mo. Date signed 7/24/44

1867

(Licensed Embalmer's Statement on Reverse Side)

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. Evan Martin

Licensed Embalmer No. 3760

P. O. Address Poplar Bluff 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.