

FILED NOV 10 1944

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3002

Registrar's No. 145

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
S. Harrison St.  
(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) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. S. Harrison St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lorraine Wilkerson

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 10, 1918  
(Month) (Day) (Year)

8. AGE: Years 26 Months 6 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

12. Name Leo Wilkerson

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

14. Maiden name Bertha Vaughn

15. Birthplace Callaway County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Wilkerson

(b) Address Auxvasse, Mo.

17. (a) Burial (b) Date thereof Oct. 14-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edmond Mason

18. (a) Signature of funeral director Paul E. Pugh

(b) Address Mexico, Mo.

19. (a) 10/13/44 (b) Margaret Mackie  
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11  
year 1944 hour 7 minute 34 M.

21. I hereby certify that I attended the deceased from Oct. 10 1944 to Oct. 11 1944

that I last saw her alive on Oct. 11 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Suppurative Hemorrhage

Due to placenta marginalis with laceration

Due to separation + a rigid cervix

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 146 lb

Of autopsy \_\_\_\_\_

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 2

23. Signature John P. Owen (M.D. or other) MD

Address Ophees, Mo. Date signed 10-13-44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1076

RECEIVED  
District Health Officer No. 10  
District File Number 11-44-1790  
Date Filed NOV 6 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.....  
Earl E. Precht....., Registered Apprentice No.....  
working under my personal supervision.

Signed Earl E. Precht.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.**