

FILED JAN 10 1945
Registration District No. 31005

Primary Registration District No. 6225

Registrar's No. 308

1. PLACE OF DEATH: Vernon
 (a) County Vernon
 (b) City or town Rural Washington Sup.
 (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 1 mo. 17 da.
 In this community same time
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3404 East 30th St.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country None

3. (a) PRINT FULL NAME James Wilkerson
 3. (b) If veteran name war None
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 13
 year 1944 hour 7 30 minute A. M.
 21. I hereby certify that I attended the deceased from 10-26-44
 1944, to 12-13-44, 1944;
 that I last saw him alive on 12-12-44, 1944;
 and that death occurred on the date and hour stated above.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Maudie Wilkerson
 alive yes years 11
 7. Birth date of deceased May 11 - 1866
 (Month) (Day) (Year)

Immediate cause of death Chronic degenerative myocarditis
 Due to 93d
 Due to Senile Dementia

8. AGE: Years 78 Months 7 Days 2
 If less than one day hr. min.

Other conditions Senile Dementia
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace near Opelika Alabama
 (City, town or county) (State or foreign country)
 10. Usual occupation Lawyer

11. Industry or business Law.
 12. Name James M. Wilkerson
 13. Birthplace unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Demora Trager
 15. Birthplace Alabama
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Hospital Records
 (b) Address Nevada Mo.
 17. (a) Burial (b) Date thereof 12-14-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Camdenton, Mo.
 18. (a) Signature of funeral director Banks, Woolery
 (b) Address Camdenton Mo
 19. (a) 12-15-44 (b) Hayl B. Beurek
 (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) _____
 (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 0
 23. Signature P.B. Lester (M. D. or other)
 Address Nevada Mo Date signed 12-13-44

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

8000

114 1/2 W. Walnut
Hazel Rowick

12-44-1447
1-8-45

JAN 12 1945

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 *Enpared*

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Abbe Banksen Woolery*

Licensed Embalmer No. *2488*

P. O. Address *Camden*

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.