

1. PLACE OF DEATH:
(a) County **Barton**
(b) City or town **Iantha** *(Central Barton)*
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) **40 years** /

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Barton** **6**
(c) City or town **Iantha** **5**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **FRANCES VIOLA WILKINSON**
3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **George M. Wilkinson**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 13 1865**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	8	25	hr. _____ min.

9. Birthplace **Jefferson City, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

11. Industry or business _____
12. Name **John R. Pryor**
13. Birthplace **Penn. (?)**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Shephard**
15. Birthplace **Penn. (?)**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Eva Summers**
(b) Address **Iantha, Missouri**
17. (a) **Burial** (b) Date thereof **Jan. 10 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Iantha Cemetery**

18. (a) Signature of funeral director **KONANTZ FUNERAL HOME**
(b) Address **Lamar, Missouri**
19. (a) **Jan. 9, 1945** (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **8th**
year **1945** hour **6** minute **45** A.M.
21. I hereby certify that I attended the deceased from **December 20th** 19 **44** to **January 8th** 19 **45**
that I last saw h. e. alive on **January 7th** 19 **45**
and that death occurred on the date and hour stated above.

Immediate cause of death
Old age
Heart failure
chronic myocarditis

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **D. C. Guldner** (M. D. or other) _____
Address **1601 1/2 Galt** Date signed **Jan. 9, 1945**

Duration **2 w.**
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

1179

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.....

Carl F. Monantz

Licensed Embalmer No. 2247

P. O. Address. Lamar, Missouri

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.

Registration District No. 15 Primary Registration District No. 5067

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Spartanburg
(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME Frances V. Wilkinson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w
6. (a) Single, widowed, married, divorced w
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 13
(Month) (Day) (Year)
8. AGE: Years 79 Months 5 Days 15 If less than one day, hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country) mo

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) Martha Rice
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

1629

1923 1924