DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Feb-Oct 1945 2662

State File No.

Registration District No. 137 Primary Registration District No. 3028 Registrar's No. 265

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
1142 James
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - - (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1142 James 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country - - -

3. (a) PRINT FULL NAME Joanna May Wilkerson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred B. Wilkerson

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased April (Month) 27 (Day) 1883 (Year)

8. AGE: Years 61 | Months 7 | Days 9 | If less than one day ___ hr. ___ min.

9. Birthplace Marion County (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Elmore Osbun
13. Birthplace Marion County (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Armanda Melvina Boland
15. Birthplace Marion County (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Fred B. Wilkerson
(b) Address 1142 James, Carthage, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/7/44 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefountaine, Ohio

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri

19. (a) Dec. 7 '44 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec. day 6
year 1944 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 28, 1944, to Dec. 5, 1944
that I last saw her alive on Dec 5, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cachexia	2 wks
Due to: Carcinoma liver	unknown
Due to: Silent until about Oct. 1, 1944 Primary Ca gall bladder	unknown
Other conditions (Include pregnancy within 3 months of death): Hypertension	over 2 yrs

468

Major findings:
Of operations Ca gall bladder c̄ massive metastasis to liver 11/2/44
Of autopsy None

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 Emery J. McIntire (M. D. or other) MD
Address Carthage Mo. Date signed

1203

(Licensed Embalmer's Statement on Reverse Side)

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

44-12-1094

JAN 22 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.....

.....; Registered Apprentice No.....

working under my personal supervision.

Signed Lucy Kneee-Buckw

Licensed Embalmer No. 2510

P. O. Address Carthage, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.