S. No. 2
0M—2-
v. 5-17
I X35897

DR. BJERKE
Rockville Mo.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 14 1945

State File No. 5499

Registration District No. 25 — Primary Registration District No. 5094 — Registrar's No. 116

1. PLACE OF DEATH:
(a) County: Bates
(b) City or town: Rockville RFD #1 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Papinsville (Village) (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)
In this community: 39 YEARS

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

3. (a) PRINT FULL NAME: LIZZIE LAVONA WILSON

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: M

6. (b) Name of husband or wife: George W. Wilson

6. (c) Age of husband ~~or wife~~ if alive: 77 years

7. Birth date of deceased: August (Month) 5 (Day) 1887 (Year)

8. AGE: Years 57 Months 6 Days 0 If less than one day hr. min.

9. Birthplace: Miller Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER
12. Name: Bill Witt
13. Birthplace: Miller Co. Mo (City, town, or county) (State or foreign country)
14. Maiden name: Thornton
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Geo. W. Wilson
(b) Address: Rockville Mo RFD #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Papinsville Cemetery

18. (a) Signature of funeral director: Booth
(b) Address: Rock Hill Mo

19. (a) Feb. 7. 1945 (Date received local registrar) (b) Mrs. Edna Douglass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1945 hour 4:35 minute a. M.

21. I hereby certify that I attended the deceased from June 10, 1944 to Feb. 5, 1945; that I last saw her alive on Feb. 5, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	2 weeks
Due to: Bright's Disease Chronic nephritis	5 yrs.
Due to: Hypertension	10 yrs.
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: M. A. Bjerke (M.D. or other) D.O.
Address: Rockville, Mo. Date signed 2/10/45

1342

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Di[illegible] [illegible]th Officer No. 7,
Disc[illegible] File Number 2-45-206
Date Filed 3-13-45

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Md.

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.