

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36899**

FILED NOV 23 1945

Registration District No. **60**

Primary Registration District No. **0236**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Cedar- Benton Township**
(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XXX XXX /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **XXX XXX** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar 21**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **XXX Benton Township**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **XXX**

3. (a) PRINT FULL NAME **Hannale Katherine Wilkins**

3. (b) If veteran, name war **XXX** 3. (c) Social Security No. **XX**

4. Sex **F /** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **A. P. Wilkins** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **May 12, 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 5 24 X hr. X min.

9. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **XXXX**

12. Name **Daniel Stephens**

13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth A. Fox**
(City, town, or county) (State or foreign country)

15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Goldia Shurley**

(b) Address **Jeropp Springs, Missouri**

17. (a) **Burial** (b) Date thereof **11-8-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Younger Cemetery**

18. (a) Signature of funeral director **CHURCH AND NEALE**

(b) Address **Stockton, Missouri**

19. (a) **11-14-45** (b) **Maida M. Ellis**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **6th**
year **1945** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Oct 12th** 19**45** to **Nov 6,** 19**45**
that I last saw h. alive on **Oct 29**, 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Duration _____

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations **93d**
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? _____ (c) Means of injury _____
23. Signature **A. K. Anderson** (M. D. or other) **Dr.**
Address **El Dorado Spgs** Date signed **11-7-45**

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

MOTHER FATHER

1434

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1945

RECEIVED

Office No. 7

Date 10-45-1132

Date Filed 11-27-45

DEC 1 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 *Melvin Church*

Licensed Embalmer No. *3272*

P. O. Address *Stockton 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.