

FILED JAN 14 1946

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH: Joplin
 (a) County Joplin
 (b) City or town Joplin
 (c) Name of hospital or institution: Breeman Hospital
 (d) Length of stay: In hospital or institution 1 week
 In this community 4 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Joplin
 (c) City or town Joplin
 (d) Street No. 904 W. 9th St.
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 17
 year 1945 hour 12 minute 20 P.M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife Alvina (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased: March 6 1901
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-10-45 to 12-17-45
 that I last saw him alive on 12-17-45
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral hemorrhage
 Duration 12/10/45

8. AGE: Years 44 Months 9 Days 11 If less than one day _____ hr. _____ min.

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

9. Birthplace: Dallas Co Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Printer

Major findings: _____
 Of operations: _____
 Of autopsy: _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name John R. Wilkinson
 13. Birthplace Dallas Co Mo
 14. Maiden name Bertha Slaven
 15. Birthplace Dallas Co Mo

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Lucius E. Wilkinson
 (b) Address Springfield, Mo
 17. (a) Removal (b) Date thereof 12-17-45
 (c) Place: burial or cremation Buffalo, Mo

While at work? _____ (Specify type of place)
 (e) Means of injury C
 23. Signature [Signature] (M. D. or other) _____
 Address Joplin Mo Date signed 12/17/45

18. (c) Signature of funeral director Samuel Dillon
 (b) Address 44 Wall St. Joplin
 19. (a) 12-19-45 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

45-12-1012

JAN 16 1946

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 Paula Thornhill

Licensed Embalmer No. 3590

P. O. Address Gayles 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.