

**FILED** JAN 25 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. **5031**

Registrar's No. **22**

**1. PLACE OF DEATH:**

(a) County **Audrain.**  
 (b) City or town **TRUMAN, GUYRE Twp.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**1/2 mile South of Vandalia**  
(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 **8 Yrs.**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Audrain.**  
 (c) City or town **Vandalia, Missouri.**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1/2 mile South Vandalia**  
(If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mucie Bell Wilkinson.**

3. (b) If veteran, name war \_\_\_\_\_ 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 **Walter Wilkinson.** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **March, 16, 1890**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>55</b>	<b>8</b>	<b>25</b>	_____ hr. _____ min.

9. Birthplace **Ralls County, Missouri.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business **Home.**

12. Name **Wilk Gregory.**

13. Birthplace **Ralls County, Missouri.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lerena Smith.**

15. Birthplace **Ralls County, Missouri.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter Wilkinson**

(b) Address **Vandalia, Missouri.**

17. (a) **Burial** (b) Date thereof **12/13/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Vandalia, Missouri.**

18. (a) Signature of funeral director **Clyde Wilcox**

(b) Address **Perry, Missouri.**

19. (a) **Dec 12 1945** (b) **Mallie Fugua**  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **Dec.** day **11, th.**  
 year **1945** hour **5:30** minute **P. M.**

21. I hereby certify that I attended the deceased from **11/28**, 1945, to **12/11**, 1945, that I last saw **her** alive on **12/11**, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<b>chronic mycosiditi</b>	<b>1 yr.</b>
<b>chronic nephritis</b>	<b>1 yr.</b>
<b>Generalized arteriosclerosis</b>	<b>2 yrs.</b>

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?  
(Specify type of place)  
 • While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Thos. J. Sawyer, M.D.** (M. D. or other)  
 Address **Vandalia, Mo.** Date signed **12/28/45**

100054 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-46-32  
JAN 23 1946

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**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, ~~and~~ by .....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Clyde W. Wilkey*

Licensed Embalmer No. 3820

P. O. Address. Terry, 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.**