No. 2
—5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 21 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4746

Registration District No. 45 Primary Registration District No. 3007 Registrar's No. 47

1. PLACE OF DEATH:

(a) County: Butler

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

(c) Name of hospital or institution: Lucy Lee Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days)

In this community: 42 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler 12

(c) City or town: Poplar Bluff, Mis 7 (If outside city or town limits, write "RURAL")

(d) Street No.: 214 Euclid Street 3 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: HOWARD HAROLD WILCOX

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Mable Dennison

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

7. Birth date of deceased: August 15th, 1865 (Month) (Day) (Year)

8. AGE: Years 80 Months 15 Days 19 If less than one day hr. min.

9. Birthplace: Toronto (City, town, or county) Canada (State or foreign country) 7

10. Usual occupation: Retired Cleark

11. Industry or business: County Offices

FATHER 12. Name: Chas Wilcox

13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER 14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Mrs. Mable Wilcox 1

(b) Address: Poplar Bluff, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/7/46 (Month) (Day) (Year)

(c) Place: burial or cremation: City Cemetery

18. (a) Signature of funeral director: Frank Cotrell Chapel

(b) Address: Poplar Bluff, Missouri

19. (a) 2/7/46 (Date received local registrar) (b) R H Menefee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4th year 1946 hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from Feb. 1st, 1946, to Feb. 4, 1946, that I last saw him alive on Feb 6 - 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary edema	2 da
Due to: Acute Cardiac failure	7 da
Due to: Chronic Nephrotic	1 yr.
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: 430

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: [illegible] (M. D. or other)

Address: Poplar Bluff Mo Date signed 2/6/46

35 (Licensed Embalmer's Statement on Reverse Side)

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

3770

RECEIVED
District Health Office No. 2
District File Number 246-248
Date Filed 2/20/46

SEP 17 1935

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 Howard L. Rodgers

Licensed Embalmer No. 4386

P. O. Address Poplar Bluff 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.