

FILED MAY 3 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 390

Primary Registration District No. 6256

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Rural-Jefferson Twp.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Wayne
(c) City or town Rural
(d) Street No.
(e) Citizen of foreign country? If yes, name country

3. (a) PRINT FULL NAME Cordelia Wilfong

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 Married
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 25 1865

8. AGE: Years 86 Months 13 Days 13 If less than one day hr. min.

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

10. Usual occupation House Work

MOTHER FATHER { 12. Name no data
13. Birthplace Ind.
14. Maiden name no data
15. Birthplace Ind.

16. (a) Informant Clayton Wilfong
(b) Address Wappapello Mo.

17. (a) Burial (b) Date thereof 3 12 46
(c) Place: burial or cremation Wilfong Cemetery

18. (a) Signature of funeral director Watkins Service
(b) Address Puxico Mo.

19. (a) Apr. 19-46 (b) Mabel Beasley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1946 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from 1945 to Mar. 10 1946
that I last saw her alive on Mar. 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

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

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

23. Signature E.C. Madler (M.D. or other) Mo.
Address Advance Mo. Date signed 4.18.46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Raymond Steele

Licensed Embalmer No. *2476*

P. O. Address *Wester 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.