

FILED July 29 1948

State File No. _____

Registration District No. _____

Primary Registration District No. 4172

Registrar's No. 45

1. PLACE OF DEATH:

(a) County De Kalb
(b) City or town Stewartsville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community 45 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb 32
(c) City or town Stewartsville Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rachel Wilkie

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 2 divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCTOBER 8 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 7 9 hr. min.

9. Birthplace HOLLAND 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 1

11. Industry or business _____

12. Name Enzie Houenga

13. Birthplace HOLLAND 4
(City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN

15. Birthplace NOT KNOWN 4
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. Lydia Young

(b) Address Stewartsville Mo.

17. (a) _____ (b) Date thereof May 19-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Stewartsville Mo.

19. (a) June 5 '46 (b) [Signature]
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1946 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 15
1946, 19... to May 16, 1946
that I last saw her alive on 11 May, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Heart disease
Due to hypertensive heart disease
Due to atherosclerosis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations TT

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? _____

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

23. Signature [Signature] (M. D. or other)
Address Camden Mo. Date signed 17 May 46

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

22030

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.....

J. G. Ryan

Licensed Embalmer No.....

952

P. O. Address.....

Stewartville 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: