

FILED SEP 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 50

Primary Registration District No. 5179

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Camden  
(b) City or town Camdenton, Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: South on Highway #5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 yr  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden  
(c) City or town Camdenton 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. Star Route  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Catherine Cecilia Wilcox

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race wh

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased March 3 1871  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1946 hour 7 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 5 1946 to Aug 5 1946; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration \_\_\_\_\_

8. AGE: Years 75 Months 5 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace County Waterford Ireland  
(City, town, or county) (State or foreign country)†

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Walsh  
(City, town, or county) (State or foreign country)†

14. Maiden name unknown  
(City, town, or county) (State or foreign country)†

16. (a) Informant Mrs. L. Ray Byrne  
(b) Address Camdenton, Star Route

17. (a) Emment Burial (b) Date thereof Aug 8-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Marys Old Cemetery

18. (a) Signature of funeral director Bankton Woolery  
(b) Address Camdenton, Mo

19. (a) Aug-26-1946 (b) Zilpha D. Jewell  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) no

Major findings: Of operations no Of autopsy no

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? \_\_\_\_\_

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

23. Signature E. J. Bluebon Address Camdenton Mo Date signed 8-26-46

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

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Disc... 7-46-887  
Date filed 8-30-46

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

Signed Abbie Bankson Woolery  
Licensed Embalmer No. 24887  
P. O. Address Camden, 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.**