No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30138

State File No.

FILED OCT 1 1946

Registration District No. 145 Primary Registration District No. 5566 Registrar's No.

1. PLACE OF DEATH:
(a) County: Iron
(b) City or town: Rural, Dent (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 miles East of Bixby (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: life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Iron 47
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: 4 imles East of Bixby 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Liza Jane Wilkins
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: fem 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Willie Wilkins
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: May 8 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	4	11	hr. min.

9. Birthplace: Iron County Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: at home
11. Industry or business:
MOTHER FATHER
12. Name: Riley Faulkner
13. Birthplace: unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Jane Strickland
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Willie Wilkins 1
(b) Address: Bixby Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 9-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Bixby Missouri
18. (a) Signature of funeral director: Norman White & Sons
(b) Address: Ironton Missouri
19. (a) Sept 28-1946 (Date received local registrar) (b) Mrs Elizabeth Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1946 hour 1 minute 10 P M.
21. I hereby certify that I attended the deceased from Jan 17 1946 to Sept 10 1946, that I last saw him alive on Sept 10 1946, and that death occurred on the date and hour stated above.
Immediate cause of death: Mitral Stenosis — Duration 2 yrs.
Due to: Bronchitis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: ✓
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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: N. G. Gillam (M. D. or other)
Address: Salem Mo Date signed 8-24-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1046-2685

Date Filed 10-1-46

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 Arnold White

Licensed Embalmer No. 8012

P. O. Address Groton Mass

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.