

S.No. 2
M-8-13
v. 5-17-39
I X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 6 1946
Registration District No. 77

Primary Registration District No. 3008

32922
State File No.
Registrar's No. 354

4
1
2
31750
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Calloway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital no. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
(Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 515 Real Jefferson St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME WALTER WILKERSON
3. (b) If veteran, name war. No. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 27
year 1946 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from Oct 20
to Oct 27, 1946,
that I last saw him alive on Oct 26, 1946,
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race Wg
6. (a) Single, widowed, married, divorced separated
6. (b) Name of husband or wife
6. (c) Age of husband or wife if
alive 9 years
7. Birth date of deceased April 9 1909
(Month) (Day) (Year)

Immediate cause of death
Bronchial Pneumonia
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
37 6 18 hr. min.

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Cape Girardeau
(City, town, or county) (State or foreign country)
10. Usual occupation Gariter

11. Industry or business Barber shop
12. Name W
13. Birthplace
(City, town, or county) (State or foreign country)
14. Maiden name ella Wilkerson
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp no 1
(b) Address Fulton Mo
17. (a) (Burial, cremation, or removal) Removal
(b) Date thereof October 28, 1946
(Month) (Day) (Year)
(c) Place: burial or cremation Cape Girardeau, Missouri

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 Frank Thomas (M.D. or other)
Address Fulton Mo 10/27/46

18. (a) Signature of funeral director F. J. Sparks
(b) Address Cape Girardeau, Mo.
19. (a) 10-28-1946 (b) Josie Moravskoff
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

11/6/46

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.....

Frank Sparto

Licensed Embalmer No. *3455*

P. O. Address *Cape Girardeau, 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.