S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35943

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 19

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

34765

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Piedmont (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wayne

(c) City or town Piedmont (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Delbert Monroe Wilkerson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 18 (Day) 1888 (Year)

8. AGE: Years 58 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Reynolds Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Rufus Monroe Wilkerson
13. Birthplace D.K. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Selia Ellen Wilhelm
15. Birthplace Reynolds Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Helen Shoemake

(b) Address Silva, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/46 (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery Chapel Cemetary

18. (a) Signature of funeral director William Cooke

(b) Address Piedmont, Mo.

19. (a) Oct. 29-1946 (Date received local registrar) (b) Susie E. Piles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1946 hour 6:30 minute 0 M.

21. I hereby certify that I attended the deceased from 8/10/ 1946 to , 19 ; that I last saw him alive on 8/10/ 1946 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

83A

Duration

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 0

23. Signature [illegible] M.D. (M. D. or other)

Address Piedmont, Mo. Date signed

340 (Licensed Embalmer's Statement on Reverse Side)

JUL 14 1948

NOV 7 1946

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 Coder Funeral Home, Registered Apprentice No. , working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.