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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40100

FILED JAN 14 1947

Registration District No. 100

Primary Registration District No. 6385

Registrar's No. 94

1. PLACE OF DEATH:

(a) County DENT

(b) City or town RURAL — GLADDEN TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NONE 1
(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 MISSOURI (b) County DENT

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

(d) Street No. NEAR DARIEN, MISSOURI
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME FRANKLIN ELBERT WILCOX

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased SEPT. (Month) 5 (Day) 1854 (Year)

8. AGE: Years 92 Months 3 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) OHIO 1 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business .....

FATHER
12. Name GORDON H. WILCOX
13. Birthplace ..... (City, town, or county) NEW YORK (State or foreign country)

MOTHER
14. Maiden name JANE BASSETT
15. Birthplace ..... (City, town, or county) VERMONT (State or foreign country)

16. (a) Informant Irving Wilcox
(b) Address DARIEN, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation GREEN FOREST CEM

18. (a) Signature of funeral director Carl K. Spencer
(b) Address SALEM, MISSOURI

19. (a) 1-3-47 (Date received local registrar) (b) M. M. Hart M.D. by SG (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 31 year 1946 hour 11:15 minute P. M.

21. I hereby certify that I attended the deceased from Oct 2, 1946 to Dec 23, 1946 that I last saw him alive on Nov 24, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Chronic Nephritis

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 NO (e) Means of injury .....

23. Signature H. G. Dillon (M. D. or other)

Address Salem MO Date signed 1-3-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 14716
Date Filed 1-13-48

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, ~~only~~ ....., Registered Apprentice No....., working under my personal supervision.

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, Missouri

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.