

S. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

394

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

Registrar's No. 32

**FILED FEB 10 1947**  
Registration District No. 43

Primary Registration District No. 4056

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Robert Franklin Wilkerson,  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 16  
year 1947 hour 9 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Jan 14  
1947 to Jan 16 1947  
that I last saw him alive on Jan 15 1947  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elsie Wilkerson,  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased May 1 1878  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage  
Due to Arteriosclerosis

8. AGE: Years 68 Months 8 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Dexter, Mo. R. D.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

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

MOTHER FATHER { 12. Name William Wilkerson,  
13. Birthplace unknown, Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Permelia Dowdy,  
15. Birthplace unknown, Ky.  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. R. F. Wilkerson,  
(b) Address Fisk, Mo.

17. (a) Burial (b) Date thereof Jan 18 47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ash Hill, Fisk, Mo.

18. (a) Signature of funeral director Watkins Funeral Ser.  
(b) Address Dexter

19. (a) 1-20-47 (b) R. B. Skilling  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, file 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 2  
23. Signature R. B. Skilling M. D. or other \_\_\_\_\_  
Address Fisk, Mo. Date signed 1/16/47

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147-144  
1-30-47

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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.....  
*Raymond Steele*

Licensed Embalmer No. *24762*

P. O. Address *Weymouth 2020*

**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.**