

S. No. 2
M-2-43
7. 5-17-39
X-35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

661

FILED FEB 11 1947

State File No. 1

Registration District No. 98

Primary Registration District No. 5357

Registrar's No. 14

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

1. PLACE OF DEATH: Lawress

(a) County Lawress

(b) City or town Rural Benton Supp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Daviess 3 1/2

(c) City or town Pattonsburg Rural 0
(If outside city or town limits, write "RURAL") Benton Supp

(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 Fred Wilkerson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1947 hour 10 minute _____ A. M.

21. I hereby certify that I attended the deceased from found dead in home in Lawress to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race white

6. (a) Single, widowed, married, divorced ✓ 0

6. (b) Name of husband or wife X

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

7. Birth date of deceased Oct 26 (Month) (Day) (Year) 1865

Immediate cause of death Hyper-tensive cardiac vascular arterial disease ^{Duration}

Due to arterial sclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 81 Months 2 Days 17 If less than one day _____ hr. _____ min.

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

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business Laborer

12. Name not known

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace _____ (City, town, or county) (State or foreign country)

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 2

16. (a) Informant Social Security Office

(b) Address Gallatin MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 15 47 (Month) (Day) (Year)

(c) Place: burial or cremation Lawress Cemetery

18. (a) Signature of funeral director Shannon

(b) Address Pattonsburg MO

19. (a) Jan. 21, 1947 (Date received local registrar) (b) Viguerie M Engelbach (Registrar's signature)

23. Signature Fred Wilkerson (of coroner or other) _____
Address Gallatin MO Date signed 1-15-47
Lawress County Coroner

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *E. Kramer*

Licensed Embalmer No. *2857*

P. O. Address. *Pattersonburg 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.