

S. No. 2
M-5-43
5-17-39
I X36671

FILED MAR 25 1947

Registration District No. **2** Primary Registration District No. **5086**

730
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Bates
 (b) City or town RFD Butler
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
(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 Bates
 (c) City or town RFD Butler
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WALTON WELDON WILCOX

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

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

6. (b) Name of husband or wife Flossie M. Wilcox

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased October 26 1895
(Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 29
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Edward D. Wilcox

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

14. Maiden name Mary E. Walton

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

16. (a) Informant Wife

(b) Address Route 3 Butler, Missouri

17. (a) Burial (b) Date thereof Jan 27 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Culver Underwood

(b) Address Butler, Missouri

19. (a) Jan 27 1947 Penball Kurray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25
year 1947 hour 57 minute 17 M.

21. I hereby certify that I attended the deceased from 16 Jan 47 to 19 Jan 47
that I last saw him alive on 19 Jan 47
and that death occurred on the date and hour stated above.

Immediate cause of death _____
apnea

Due to Chronic myocardial

Due to Chronic interstitial

hypertension

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

Major findings: _____
Of operations _____

Of autopsy _____

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 Chas A. Lamb (M. D.)
Address Butler, Mo. Date signed Jan 25 47

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

MAR 25 1947

RECEIVED
District Health Officer No. 7,
District File Number
Date Filed

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..... *John G. Schneider*
Licensed Embalmer No..... 3585
P. O. Address..... Butler 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.