

S. No. 2
M-5-43
5-17-39
I X36871

FILED APR 15 1947

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **120**

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
1009 South Merriam /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 years (Specify whether years, months or days)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Lester Lee Wilcox

3. (b) If veteran, name war. none

3. (c) Social Security No. 702-16-1761

4. Sex Male

5. Color of race White

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

6. (b) Name of husband or wife. *****

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

7. Birth date of deceased February 27, 1918
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>29</u>	<u>0</u>	<u>24</u>	hr. min.

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

10. Usual occupation Clerk

11. Industry or business Sedalia Army Air Field

MOTHER FATHER { 12. Name Willard Wilcox

13. Birthplace Miller County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Cora L. Williams

15. Birthplace Camden County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Willard Wilcox, (father)

(b) Address 1009 S. Merriam, Sedalia, Mo.

17. (a) Burial (b) Date thereof 3/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Maude Ewing

(b) Address Sedalia, Mo.

19. (a) 3/24/47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 1009 South Merriam
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 21, year 1947 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from on 3-17, 1947, to 3-21, 1947 that I last saw him alive on 3-17 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of the Lungs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

Manner of injury 2

23. Signature Byron L. Purcell (M.D. or other) DO

Address Sedalia, Missouri Date signed 3-22-47

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RECEIVED

District Health Officer No. 8, 1945

District File Number

Date Filed 4-14-47

W. A. ...

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 *Ruane Ewing*

Licensed Embalmer No. *38475*

P. O. Address *Sedalia 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.