

FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12455

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

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1711 Paris Rd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 4 Months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1711 Paris Rd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

WAYNE JAMES WILKINSON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 12 - 7 - 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 4 25 hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

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

MOTHER FATHER { 12. Name Paul T. Wilkinson  
13. Birthplace Greenfield Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Rowena Mae Gillen  
15. Birthplace Stockton Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Paul T. Wilkinson  
(b) Address 1711 Paris Rd., Columbia, Mo.  
17. (a) Removal (b) Date thereof 5-3-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Stockton, Mo.

18. (a) Signature of funeral director Parker Funeral Service  
Columbia, Mo.  
(b) Address \_\_\_\_\_

19. (a) 5-3-47 (b) Mrs R E Palmer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
year 1947 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from 4-14-  
1947 to 5-2- 1947  
that I last saw him alive on 5-2- 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Whooping Cough & Pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: Of operations None  
Of autopsy None

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 No  
(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? 0

While at work? No (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. J. [Signature] (M. D. or other) M.D.  
Address Columbia, Mo. Date signed 5-3-47

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

Date Filed 5-7-47

District File Number \_\_\_\_\_

District Health Officer No. 9,

RECEIVED

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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 X. E. L. Tasing

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.