

FILED DEC 3 1947

Registration District No. **22**

Primary Registration District No. **5-115**

Registrar's No. **78**

1. PLACE OF DEATH:

(a) County **Ballenger**
(b) City or town **Rural White Water**
(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) **1**

(d) Length of stay: In hospital or institution

In this community **84-2-2**
years, months or days

(Specify whether)

3. (a) PRINT FULL NAME

Bathaine Wilke

3. (b) If veteran, name war

3. (c) Social Security No. **none**

4. Sex **Female**

5. Color or race **white**

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

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

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

7. Birth date of deceased **Sept 21 - 1863**
(Month) (Day) (Year)

8. AGE:

Years **84**

Months **2**

Days **2**

If less than one day

hr. min.

9. Birthplace

Ballenger Co mo
(City, town, or county)

(State or foreign country)

10. Usual occupation

House wife

11. Industry or business

House wife

MOTHER FATHER

12. Name

William Russell

13. Birthplace

Germany
(City, town, or county) (State or foreign country)

14. Maiden name

Joseph Dickman

15. Birthplace

Cape Girardeau mo
(City, town, or county) (State or foreign country)

16. (a) Informant

Henry Wilke Jr.

(b) Address

Heldbrand Rd

17. (a)

Rural
(Burial, cremation, or removal)

(b) Date thereof

11-25-1947
(Month) (Day) (Year)

(c) Place: burial or cremation

Friedheim mo

18. (a) Signature of funeral director

Walter H. Hays

(b) Address

Berryville mo

19. (a)

Nov. 27-47
(Date received local registrar)

(b)

Willie H. Gaudinburg
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Berry**

(c) City or town **Rural**
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **23**
year **1947** hour **8** minute **30 A. M.**

21. I hereby certify that I attended the deceased from **Jan 1st**, 19**45**, to **Nov 23rd**, 19**47**
that I last saw him alive on **Nov 20th**, 19**47**
and that death occurred on the date and hour stated above:

Immediate cause of death

Chronic Bronchitis
with

Duration

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)

(e) Means of injury

23. Signature

Edgar C. Taylor

Address

Sedgewick Charles

Date signed **11/24/47**

RECEIVED

District Health Officer No. 4
District File Number 1247-1515
Date Filed 12-2-47

DEC 8 1947

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

Licensed Embalmer No. 2138

P. O. Address Corryville 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.