S. No. 2
—1/47
5-17-39

6 1
3
2

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 11 1948
Registration District No. 200

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3041

State File No. 44478
Registrar's No. 277

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon
(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)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Macon 6 1
(c) City or town Macon, Mo. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME John C. 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 Delora P. Wilcox
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan (Month) 10 (Day) 1868 (Year)

8. AGE: Years 79 Months 11 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Macon Co. Mo. 11
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business .....

FATHER
12. Name Clinton Wilcox
13. Birthplace New York /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hannah Wakley
15. Birthplace West Virginia /
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Wilcox
(b) Address Redding Calif Gen Del
17. (a) Burial (b) Date thereof 12-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Melvin Chappel
18. (a) Signature of funeral director Stephens & Goodding
(b) Address Macon Mo.
19. (a) 2-2-48 (b) Ruth McNeely 1457
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1947 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from 11/26/ 1947 to Dec. 16 1947
that I last saw him alive on Dec. 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Prostate gland — Duration several months
Due to unknown
Due to .....
Other conditions Nephritis (chronic)
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

51 B

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 2

23. Signature A. L. Dunden D.O. (M.D. or other)
Address Macon Date signed 1/7/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 2:48:28
Date Filed FEB 10 1948

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 O. L. Stephens.

Licensed Embalmer No. 3057

P. O. Address Macon, 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.