

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Stanfield
Hornersville, Mo.
State File No. 15915

Registration District No. 108

Primary Registration District No. 5423

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Baulah Nettie Wilkins

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

4. Sex F 5. Color or race W 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 June 14, 1904
(Month) (Day) (Year)

8. AGE: Years 43 Months 10 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Helper in house

11. Industry or business _____

12. Name Abner Wilkins

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

14. Maiden name Lo-tie Lovewell

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

16. (a) Informant Charles Wilkins

(b) Address Senath, Missouri

17. (a) Burial (b) Date thereof 4-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cube

18. (a) Signature of funeral director Mrs. Daniel Gurnel

(b) Address Senath, Mo.

19. (a) 6-1-48 (b) Mrs. J. K. Ramey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

(c) City or town Hornersville 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb 11
1948 to April 25, 1948

that I last saw her alive on April 25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis

Due to Pulmonary tuberculosis bilateral 2 years

Due to _____

Other conditions Tuberculosis of larynx
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 138

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 Wayne Stanfield (M. D. or other) MD
Address Hornersville, Missouri Date signed 5-8-48

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

DEC 6 1949

RECEIVED

District Health Office No. 2,

District File Number 648-720

Date Filed 6-4-48

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 *Arthur S. McDaniel*

Licensed Embalmer No. 2093

P. O. Address *Senath, 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.