

FILED JUL 3 1948
Registration District No. 209

Primary Registration District No. 5764

Registrar's No. 30

1. PLACE OF DEATH:-
 (a) County Marion
 (b) City or town Monroe City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 716 N. MAIN ST.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Marion
 (c) City or town Monroe City
(If outside city or town limits, write "RURAL")
 (d) Street No. 716 N. MAIN ST.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Sarah ANN Wilcox
 3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JUNE day 23
 year 1948 hour 9 minute 40 A.M.

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife RILEY Wilcox 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased November 12 - 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-23, 1948, to 6-23, 1948, that I last saw him alive on 6-23, 1948, and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral thrombosis
 Duration 8 hrs.

8. AGE: Years 82 Months 7 Days 11 If less than one day hr. min.

Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

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

10. Usual occupation AT HOME

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN.....
 Underlie the cause which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....
 12. Name Charles Mc KATHER
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name TINE BAKER
 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Lucy & McGlasson
 (b) Address Alton, Mo
 17. (a) BURIAL (b) Date thereof 6-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson Chapel, Marion Co

18. (a) Signature of funeral director Wilson & Sons
 (b) Address Monroe City, Mo.

19. (a) June 28, 1948 (b) John A. Green, Reg.
(Date received local registrar) (Registrar's signature)

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.....
 23. Signature F. N. Linn (M. D. or other) DO
 Address Monroe City, Mo. Date signed 6-25-48

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

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 _____

Charles V. Greening

Registered Apprentice No. *214*

working under my personal supervision.

Signed _____

Lucinda Wilson

Licensed Embalmer No. *3014*

P. O. Address *Manassas, Va*

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.