FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1948

Registration District No. 2

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5455

22920

State File No. 76

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Highway 166
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community None
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Benton 999

(c) City or town Rogers Rural 2
(If outside city or town limits, write "RURAL")

(d) Street No. Route 4 0
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No) 2

If yes, name country Yes

3. (a) PRINT FULL NAME Bennie Wilkerson

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena Dot Prophet Wilkerson

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased September (Month) 18 (Day) 1912 (Year)

8. AGE: Years 35 Months 10 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Pea Ridge (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Cattle Buyer

FATHER
12. Name C. W. Wilkerson
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Bettie (Ross) Wilkerson
15. Birthplace (City, town, or county) Pea Ridge Arkansas (State or foreign country)

16. (a) Informant Mrs Ben Wilkerson
(b) Address Rogers (R 4) Ark

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Buttrams Chapel

18. (a) Signature of funeral director Alma Lohmeyer Funeral
(b) Address 630 St Louis, Springfield Mo. Home

19. (a) July 29-1948 (Date received local registrar) (b) Florence Britain (Registrar's signature) 105

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29 year 1948 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from — , 19..., to — , 19...; that I last saw h— alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Basal Skull fracture

Due to Automobile accident

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence 7/29/48

(c) Where did injury occur? Republic (City or town) Greene (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 166 (Specify type of place)

While at work? (e) Means of injury Automobile Collision

23. Signature Clyde B Abbott (M. D. or other)

Address 219½ E Walnut Date signed 7/29/48

Coroner Greene Co

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

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT

RECEIVED
Greene County Health Office,
County File Number 48-8-54
Date Filed 2-5-48

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 Jewell E. Windle

Licensed Embalmer No. 2835

P. O. Address Springfield 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.