

S. No. 2
M-1/47
r. 5-17-39

35480

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 21 1948
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. **3000**.....

Registrar's No. **334**.....

1. PLACE OF DEATH:
(a) County **Adair**
(b) City or town **Kirkville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **111 E. Illinois**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 years** (Specify whether
In this community **3 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Adair**
(c) City or town **Kirkville**
(If outside city or town limits, write "RURAL")
(d) Street No. **111 E. Illinois**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Jessie Elizabeth Christian Wilgus**
3. (b) If veteran, name war.....
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **17**
year **1948** hour **7:15** minute **P:** M.

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Francis S. Wilgus**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **March 18 1865**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov 17 4:16** to **Nov 17 4:48**
that I last saw him alive on **Nov 17 4:48**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
83 7 29 hr. min.

Immediate cause of death **Coronary Occlusion** Duration **12 hr**

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

Due to.....
Due to.....

10. Usual occupation **Home**

Other conditions **Diabetes** (Include pregnancy within 3 months of death) **20 yrs**

11. Industry or business.....

Major findings:
Of operations.....
Of autopsy..... **61**
PHYSICIAN
Underline the cause of which death should be charged statistically.

12. Name **Hugh Bond** Missouri
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name **Sarah Hardin** Missouri
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Myrtle Miller**
(b) Address **Kirkville, Missouri**

17. (a) **Burial** (b) Date thereof **11/21/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation **Brashear, Mo.**

18. (a) Signature of funeral director **Dee Riley Funeral Home**
(b) Address **Kirkville, Missouri**

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? **Home** (specify type of place)
While at work? **Home** Means of injury.....
23. Signature **H. G. Lambert** (M. D. or other) **Da**
Address **Kirkville, Mo.** Date signed **11/18/48**

19. (a) **11-19-48** (b) **Nate Lambert**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-68-1979

Date Filed NOV 22 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

Roy H. Mercer, Jr.

Licensed Embalmer No. 4432

P. O. Address Kirksville, 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.