FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 10 1949

Registration District No. 4

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39263

Primary Registration District No. 4016

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town Tarkio (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 30yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison 3

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

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

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME CORA MAE WILCOX

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

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced mar /

6. (b) Name of husband or wife C.F.Wilcox 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept (Month) 18 (Day) 1884 (Year)

8. AGE: Years 64 Months 2 Days 24 If less than one day hr. min.

9. Birthplace Bedford (City, town, or county) Iowa (State or foreign country) /

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Wm.S.Harlan 9
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ? Davis
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant C.F.Wilcox

(b) Address Tarkio,Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/14/48 (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Tarkio,Mo.

19. (a) 12-30-48 (Date received local registrar) (b) Betty Crabtree (Registrar's signature) 4 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1948 hour 2 minute 8 A.M.

21. I hereby certify that I attended the deceased from Nov 8-1948, 19 to Dec 12, 1948 that I last saw her alive on Dec 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	10 days
Due to	
Due to	
Other conditions: Arterio-Sclerosis with Hypertension (Include pregnancy within 3 months of death)	7 yrs

Major findings:
Of operations
Of autopsy 8 30

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) 0

While at work? (e) Means of injury

23. Signature C.S. Haskell M.D. (M. D. ####)

Address Tarkio,Mo. Date signed Dec 27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed John M. Davis

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.