S. No. 300
Rev. 10-47
Ver. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 3 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39911

Registration District No. 133 — Primary Registration District No. 3022 — Registrar's No. 94

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebr (b) County 997

(c) City or town Omaha 23 (If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Virgil E. Wilcox

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

4. Sex Male 5. Color or race White 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 Aug (Month) 29 (Day) 1880 (Year)

8. AGE: Years 68 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Bethany (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Factory Worker

11. Industry or business

FATHER
12. Name W. H. Wilcox
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Eliza Smith
15. Birthplace Bethany (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Lillie Pilley Hellyard
(b) Address Bethany Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cantry

18. (a) Signature of funeral director Joe E. Wheeler
(b) Address Bethany Mo

19. (a) Dec. 20-48 (Date received local registrar) (b) Zola Burress (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1948 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11-22, 1948 to 12-14, 1948 that I last saw him alive on 12-9, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis - Cardiac Failure -	2 yrs
Due to Bronchial Asthma	6 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 938

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W A Broyles (M. D. or other)

Address Bethany Mo Date signed 12-15-48

(Licensed Embalmer's Statement on Reverse Side)

DEC 30 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.....Joe E. Wheeler

Licensed Embalmer No.....3512

P. O. Address.....Bethany 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.