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

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

11977

State File No.

Registration District No. 102

Primary Registration District No. 4174

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution:
at home
(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 Missouri (b) County Dunklin ³⁵

(c) City or town Cardwell
(If outside city or town limits, write "RURAL.") ⁹

(d) Street No. _____ (If rural, give location) ¹

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

If yes, name country _____

3: (a) PRINT FULL NAME Charles Edward Wilkins

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Dora Wilkins

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

7. Birth date of deceased November 3, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>3</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation Retired Railroad Man

11. Industry or business _____

12. Name unknown

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Gorden

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Wilkins

(b) Address Cardwell, Missouri

17. (a) burial (b) Date thereof 2-9-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cardwell

18. (a) Signature of funeral director A. J. Emerson

(b) Address Paragould, Arkansas

19. (a) 4-16-49 (b) E. H. Harrison ⁸⁵
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month February Day 8
year 1949 hour 6 minute 30a. M.

21. I hereby certify that I attended the deceased from _____, 19____ to Feb 8, 1949;
that I last saw him IM alive on 2-2, 1949
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Pulmonary

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: ot

Of operations _____

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? _____

While at work _____ (Specify type of place)
(c) Means of injury 6

23. Signature W. E. English M.D.

Address Cardwell, Mo Date signed 4-4-49

RECEIVED
District Health Office No. 2,
District File Number 449-1575
Date Filed 4-21-49

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.....

Licensed Embalmer No.....

P. O. Address.....

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.