

FILED SEP 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
29699

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5182 Registrar's No. 75

1. PLACE OF DEATH  
a. COUNTY Cape Girardeau.  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Shawneetown  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION \*Henry Altenburg Star Rout

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)  
a. STATE Missouri b. COUNTY Cape Girardeau  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Shawneetown 0100  
d. STREET ADDRESS (If rural, give location) Altenburg Mo Star Route.

3. NAME OF DECEASED  
a. (First) Henry b. (Middle) William c. (Last) Wilkens

4. DATE OF DEATH (Month) (Day) (Year)  
Sept 19 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec 3 1874

9. AGE (In years last birthday) 75

IF UNDER 1 YEAR Months 9 Days 16 IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (State or foreign country) St Louis Mo

12. CITIZEN OF WHAT COUNTRY? U S A.

13a. FATHER'S NAME France Wilkens

13b. MOTHER'S MAIDEN NAME Anna Klaus

14. NAME OF HUSBAND OR WIFE Alvina Kayser Wilkens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Alfred Wilkens Cape Girardeau

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic myocarditis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Myocarditis  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
  
4222

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 1948, to Sept 19, 1950, that I last saw the deceased alive on Sept 16, 1950, and that death occurred at 3:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R.D. Blaylock M.D.

23b. ADDRESS Oak Ridge Mo

23c. DATE SIGNED 9-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept 21 1950

24c. NAME OF CEMETERY OR CREMATORY Shawneetown Cemetery

24d. LOCATION (City, town, or county) (State) Shawneetown Mo

DATE REC'D BY LOCAL REG. Sept 21-50

REGISTRAR'S SIGNATURE D. J. Seiber 43

GENERAL DIRECTOR'S SIGNATURE McCombs

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 .....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*B.A. Meyer*

Licensed Embalmer No. *3057*

P. O. Address *Jackson 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.