

FILED MAY 15 1941

STANDARD CERTIFICATE OF DEATH

14269

State File No.

Registration District No. 201 Primary Registration District No. 5280-3012 Registrar's No. 43

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty
(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 all life (Specify whether years, months or days)
In this community all life

3. (a) PRINT FULL NAME Carrie Wilkerson

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife James Wilkerson 6. (c) Age of husband or wife if alive 60 years
(Month) (Day) (Year)
7. Birth date of deceased Jan 1884

8. AGE: Years 57 Months 3 Days - If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Taylor Peter

MOTHER FATHER { 12. Name Ann Peter
13. Birthplace Mo Mo (City, town, or county) (State or foreign country)
14. Maiden name Ann Pence
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant James Wilkerson

(b) Address 507 E. Main Liberty Mo

17. (a) Buried (b) Date thereof April 15, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home Liberty Mo

18. (a) Signature of funeral director Chas. Anderson
(b) Address Liberty Mo

19. (a) April 23-41 (b) Nelen Early (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 507 E. Main St. (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 22 year 1941 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 15, 1941, to Apr. 22, 1941, that I last saw her alive on Apr. 22, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 hr.

Due to Cardiovascular Renal Disease Due to Lady

Other conditions (Include pregnancy within 3 months of death) 12/10

Major findings: Of operations 12/10 Of autopsy 12/10 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) 926
(b) Date of occurrence 9/26
(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) (e) Means of injury

23. Signature Chas. Anderson MD (M. D. or other) MD
Address Liberty Mo Date signed 4/22/41

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-12-41

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.....

Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty 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.