Dr. Burke

FILED FEB 13 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2407
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township or (c) City SPRINGFIELD
Registration District No. 318
Primary Registration District No. 2001
Registered No. 76
(d) Street No. 736 N. Robberson St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Maggie Wilkerson
(a) Residence, No. 736 N. Robberson St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Wilkerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1874

7. AGE: Years 65 | Months 3 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rogersville - Missouri

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) James Wilkerson Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rogersville, Mo. DATE Jan. 26, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.H. Lohmeyer Springfield, Mo.

20. FILED 1/26/ 1940 Chas A. Gengl M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-19-, 1940, to 1-24-, 1940
I last saw her alive on 1-24, 1940. Death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset

Other contributory causes of importance: Arterio-Sclerosis, Hypertension

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) M.H. Burke M.D.
(Address) 410 Woodruff Bldg Springfield, Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. L Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

X