No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38853

State File No.

DEC 10 1940

Registration District No. 391

Primary Registration District No. 5546 a

Registrar's No. 67

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

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural, Arcadia

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

(c) Name of hospital or institution: seven miles south east of Arcadia

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community three years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Rural

(If outside city or town limits write "RURAL")

(d) Street No. 0

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Cantrell Wilkinson

3. (b) If veteran, name war no

3. (c) Social Security No. #

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Bessie Mae Wilkinson

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Feb. 12 1904 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
36	9	9	hr. min.

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

10. Usual occupation farmer

11. Industry or business 0

FATHER
12. Name T. J. Wilkinson
13. Birthplace Madison Co. Mo 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ward
15. Birthplace Madison Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Wilkinson

(b) Address Arcadia Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/22/40 (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown Mo.

18. (a) Signature of funeral director Norman White & Soms

(b) Address A. White Ironton Mo.

19. (a) Nov-30-40 (Date received local registrar) (b) Julia A. Burton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21 year 1940 hour 4 minute 00 AM.

21. I hereby certify that I attended the deceased from —, 19..., to —, 19...; that I last saw h— alive on —, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death —	
Due to Myocarditis ?	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. H. Martin Coroner (M. D. or other)

Address Ironton, Mo. Date signed 11-22-40

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1957

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 wi the above constitutes grounds for revocation of license.)

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