

FILED JAN 25 1940

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 716

Primary Registration District No. 5945

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Crocker, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

8. (a) PRINT FULL NAME Drue C. Wilkes

8. (b) If veteran, name war World 8. (c) Social Security No. None

4. Sex Male 6. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella Wilkes 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 1, 1879.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 3 6 _____ hr. _____ min.

9. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U. S. Army

12. Name John Wilkes

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

14. Maiden name Amanda Boyles

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

16. (a) Informant E. V. Wilkes

(b) Address Crocker, Mo.

17. (a) Burial (b) Date thereof 12/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cemetery

18. (a) Signature of funeral director J. L. Hoops & Sons

(b) Address Crocker, Mo.

19. (a) 12/19/40 (b) W. J. Bell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County pulaski
(c) City or town Crocker, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7th
year 1940 hour 1:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Strangulation

Due to acute Alectalium

Due to _____

Other conditions Pathologic
(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 12/7th 1940

(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) _____
(e) Means of injury _____

23. Signature R. B. Jaeger

Address Rehoboth, Mo. Date signed 12/20

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

MOTHER FATHER

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.....

Paul B. Hooper

Licensed Embalmer No. *3261*

P. O. Address *Crocker, 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, above space should be left blank.