S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6922

MAR 11 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 106

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

39
2
6

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2031 N. Pierce 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community About 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2031 N. Pierce 6
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Martin L. Wilkerson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M.

5. Color or race W

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

6. (b) Name of husband or wife Rosa Stone Wilkerson

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August (Month) 3 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	6	2	hr. min.

9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Sam Wilkerson
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown (Ewins)
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Rosa Stone Wilkerson
(b) Address 2031 N. Pierce Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/41 (Month) (Day) (Year)
(c) Place: burial or cremation Panther Valley (Cem)

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address Springfield, Mo.

19. (a) 2-7-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year 1941 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from 1/21/41, 19__, to 2/5, 1941;
that I last saw h. 1M alive on 1/30, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Max Fitch (M. D. or other) MD
Address Springfield Mo Date signed 2/7/41

(Licensed Embalmer's Statement on Reverse Side)

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.