

APR 28 1944
Registration District No. **26**

Primary Registration District No. **3002**

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

1. PLACE OF DEATH:
(a) County Andrain
(b) City or town Mexico
(c) Name of hospital or institution: A. P. Fire Brick Company Plant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. none
In this community about 13 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Matthew Wilkerson
(b) If veteran, No name war
(c) Social Security No. 491-25-6124

4. Sex Male 5. Color or race Black
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie Berry Wilkerson
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased 1896 About
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 Estimate
hr. min.

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

10. Usual occupation Laborer

11. Industry or business Fire Brick Work

12. Name Francis Wilkerson
13. Birthplace Don't know
(City, town, or county) (State or foreign country)
14. Maiden name Jensen West
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Geo Wilkerson (Brother)
(b) Address Mexico Mo

17. (a) Burial (b) Date thereof Mar, 8 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEXICO - MO

18. (a) Signature of funeral director McPherson Bro
(b) Address Mexico, MO

19. (a) March 8 1944 (b) V
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 1120 E. Railroad
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1941 hour 2 minute ? M.

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.

Immediate cause of death Coroners Case Working in Brick Plant

Due to Caught by falling CLAY from sides of bin CAUSING suffocation
Due to from blocking of flow of CLAY

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1825
Of autopsy 6

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) Suffocation
(b) Date of occurrence March 5, 1941

(c) Where did injury occur? Mexico Andrain Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
A.P. Green Fire Brick Co - In Clay Bin
While at work? Yes (Specify type of place)
Under Fire Clay (e) Means of injury suffocated

23. Signature E. J. Banton, Coroner (M. D. or other) 3
Address Mexico, Mo Date signed 3/5/41

RECEIVED

District Health Officer No. 10

District File Number 4-41-771

Date Filed APR 14 1941

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 Roy A. McPherson

Licensed Embalmer No. 1133

P. O. Address Myrtle Ma

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

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

Registration District No. 26

Primary Registration District No. 3007

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Mexico
(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)

3. (a) PRINT FULL NAME Matthew Wickerson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race Black
6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased _____
(Month) _____ (Year) _____

8. AGE: Years _____ Months _____ Day _____
abt 45 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) March 8-1941 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar day 5
Year _____ hour _____ minute _____ 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 _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 9 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature E. S. Burton coroner (M. D. or other) _____

Address Mexico mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

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

MOTHER FATHER

S-9929 1941

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
the above constitutes grounds for revocation of license.)**

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