FILLED JUL 15 1941

No. 2
11-10-39
-17-39
I X21492

5
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 22064

Registration District No. 471 Primary Registration District No. 5634 Registrar's No. 24

**1. PLACE OF DEATH:**

(a) County Lawrence

(b) ~~City or town~~ Rural "Pierce Twp."
(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. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lawrence 55 0

(c) City or town Rural Monett Mo
(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 Florence Wilks

3. (b) If veteran, name war ____ 3. (c) Social Security No. None

4. Sex Female / 5. Color or race W 6. (a) Single; widowed, married, divorced Married /

6. (b) Name of husband or wife Chas. Wilks 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased April (Month) 3, (Day) 1893 (Year)

8. AGE: Years 48 Months 2 Days 5 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name John Mulkey
13. Birthplace ____ (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mellie Pharris
15. Birthplace ____ (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Chas. Wilks,
(b) Address 1800 Linwood, K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/1941 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Callaway
(b) Address Monett Mo

19. (a) July 6 1941 (Date received local registrar) (b) E B Wright (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 8 (4:30 PM)
year 1941 hour 4:30 minute ____ M.

21. I hereby certify that I attended the deceased from Jan 6, 1941, to June 8, 1941;
that I last saw her alive on June 8, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Pulmonary Duration 1 year

Due to ?

Due to ____

Other conditions None 13 P
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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? 4 2 5 (Specify type of place)
While at work? ____ (e) Means of injury —

23. Signature [signature] (M. D. or other) 0
Address Monett Mo Date signed 6/1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 741-1077
Date Filed JUL 11 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 Lloyd C. Callaway

Licensed Embalmer No. 2066

P. O. Address Monett Mo

**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.**