

DEC 15 1941 318

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 889-A

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 **615 State St 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 **25 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**
(c) City or town **Springfield** **6**
(If outside city or town limits, write "RURAL")
(d) Street No. **615 State St** **0**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **8th**
year **1941** hour **Spec 12:30** minute **PM**
21. I hereby certify that I attended the deceased from **from the day at his home**
615 State St., 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 **Dementia**
Duration _____

Due to _____
Due to _____ **1028**

Other conditions (Include pregnancy within 3 months of death)
No doctor present at
Major findings: **Of operations the time of death**
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **W. E. Handley** (Registrar's signature)
Address **227 E. Olive St** Date signed **12/8/41**

3. (a) PRINT FULL NAME **Carter Melton Wilkin**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Alice B. Wilkin** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of DECEASED: **August 26 1894**
Month (Day) (Year)

8. AGE: Years **45** Months **2** Days **12** If less than one day hr. _____ min. _____

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

10. Usual occupation **None**

11. Industry or business **None**

12. Name **Doc Wilkin**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Horner Wilkin**

(b) Address **615 State St, Mo.**

17. (a) **Burial** (b) Date thereof **Nov 10 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park**

18. (a) Signature of funeral director **Fred C. Thieme**

(b) Address **1100 Bonville Ave**

19. (a) **11-10-41** (b) **W. E. Handley MD**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer Statement on Reverse Side)

984

Springfield, Mo.

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..... *Fred C Thieme*

Licensed Embalmer No. *2899*

P. O. Address *Springfield, 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, fact should be so stated above.