

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 22 1942

Registration District No. 94

Primary Registration District No. 40555

Registrar's No. \_\_\_\_\_

3  
0  
0

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

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Breckenridge mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 20 yr (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell <sup>13</sup>

(c) City or town Breckenridge mo  
(If outside city or town limits, write "RURAL") <sup>0</sup>

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WALTER GILBERT WILKINSON

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day Sunday year 1941 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from 7:45 A.M. Dec 14, 1941 to 10:30 A.M. Dec 14, 1941; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife EMMA

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased DEC 5 1866  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

Due to Raise in Blood P

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations g3a

Of autopsy \_\_\_\_\_

8. AGE: Years 75 Months \_\_\_\_\_ Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Jacob Wilkinson

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

14. Maiden name Hattie Dission

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

16. (a) Informant Carma Wilkinson

(b) Address Breckenridge mo

17. (a) Buried in Breckenridge mo Dec 16 41  
(Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill cemetery

18. (a) Signature of funeral director T. J. McP...

(b) Address Breckenridge mo.

19. (a) Dec 20-41 (b) A. R. Sliley MD  
(Date received local registrar) (Registrar's signature)

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 2

23. Signature J. D. Underwood (M. D. or other) MD

Address Breckenridge Date signed \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 T. McPeak, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed T. McPeak

Licensed Embalmer No. 1570

P. O. Address Breckinridge 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.**