

7. S. No. 2  
OM-9-4-41  
ev. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2669

State File No. ....

FILED FEB 11 1942

Registration District No. 449 449

Primary Registration District No. 4267

Registrar's No. ....

53  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County P Laclede  
(b) City or town Lebanon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Wallace Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85  
(c) City or town Crocker (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Jacqueline Stella Wilkes

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

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

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

7. Birth date of deceased Nov. 17, 1934  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
7 2 11 ..... hr. .... min.

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

10. Usual occupation .....

11. Industry or business .....

12. Name Dillard John Wilkes

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

14. Maiden name Lona Burnett

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

16. (a) Informant Dillard Wilkes  
(b) Address Crocker, Mo.

17. (a) Burial (b) Date thereof Jan. 29-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cemetery  
J. L. HOOPS & SONS.

18. (a) Signature of funeral director Crocker, Mo.  
(b) Address .....

19. (a) Jan 31 42 (b) Ernest Rogers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th  
year 1942 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 19,  
1942 to Jan 28, 1942  
that I last saw h. er alive on Jan 27, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death .....  
Cardiac failure 14dae  
Due to Rheumatic heart 60dae  
Due to Rheumatic fever 120dae

Other conditions .....  
(Include pregnancy within 3 months of death)

Major findings: Of operations .....  
Of autopsy .....  
95 lb  
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)  
(c) Means of injury .....  
23. Signature James L. Hoops M.D. or other) .....  
Address Lebanon, Mo. Date signed 1/30/42

RECEIVED

District Health Officer No. \_\_\_\_\_  
District File Number 2-42-50  
Date Filed February 7, 1942

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 Paul B. Hoops

Licensed Embalmer No. 3261

P. O. Address Crocker, 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.