

FILED APR 13 1942

Registration District No. 5-7-84

Primary Registration District No. 5-7-84

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Rural, W. Fork Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 mi. E. West of Perry, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 21 yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 10 mi. W of PERRY
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BERTIE A. WILMARTH

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife WILLARD R. WILMARTH alive ✓ years _____
7. Birth date of deceased MAR. 28, 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace CASS CO. IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN ARCHER

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

14. Maiden name MARY ANN WISTLER

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

16. (a) Informant Ronald Wilmarth

(b) Address PERRY, MO

17. (a) BURIAL (b) Date thereof MAR. 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SPRINGFIELD MO

18. (a) Signature of funeral director Speed Stacey

(b) Address PERRY MO

19. (a) MAR. 23, 1942 (b) G. H. Agnew
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 21
year 1942 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 20, 1941 to Mar 21, 1942
that I last saw her alive on Mar 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to arteriosclerosis

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

Major findings: Of operations 940
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? _____

23. Signature John E. Brown (M. D. _____)
Address PERRY, MO Date signed 3-22-42

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

RECEIVED

District Health Officer No. 10

District File Number 4-9-693

Date Filed APR - 9 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..... *W. B. Blakey*.....

Licensed Embalmer No. 12616

P. O. Address Paris, 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.