

FILED OCT 9 1942

Registration District No. 140

Primary Registration District No. 5545

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Chariton township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME MARY ELIZABETH WILKERSON

8. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 3. divorced

6. (b) Name of husband or wife Allen Wilkerson 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased March 21, 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Lindsey Wilkerson

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

14. Maiden name Eliza

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

16. (a) Informant Kenneth Zunley

(b) Address Glasgow, Mo. R 72

17. (a) Burial (b) Date thereof 9-6-'42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonesboro Cem

18. (a) Signature of funeral director T. P. M. Crary

(b) Address Glasgow, Mo

19. (a) 9-7-42 (b) Thomas B. DeLong
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1942 hour 11 minute - A. M.

21. I hereby certify that I attended the deceased from 9-3, 1942, to 9-4, 1942, that I last saw her alive on 9-4-, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Infirmities of age
Due to _____

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

Major findings: Of operations 930
Of autopsy _____

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. M. Dickerson (M. D. or other) _____
Address Chariton Mo Date signed 9-4-42

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

RECEIVED.

Lieut Health Officer No. 8,

District File Number _____

Date Filed 10-8-42

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 K.P.M. Crary

Licensed Embalmer No. 3153

P. O. Address Glasgow, 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, above space should be left blank.