7. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31252

FILED OCT 14 1942

Registration District No. 342

Primary Registration District No. 6075

Registrar's No. 120

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Near Farmington, rural, St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yr. 3 mo. 25 da (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre,
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

94
0
0

3. (a) PRINT FULL NAME John Wilkson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Pearl

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

7. Birth date of deceased January 16 1877 (Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Bonne Terre (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Bartender and Bricklayer

11. Industry or business

FATHER
12. Name John Wilkson
13. Birthplace Jefferson Co. (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary S. Haverstick
15. Birthplace Jefferson Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Records of State Hospital No. 4
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre Cemetery

18. (a) Signature of funeral director Benham Undertaking Co.
(b) Address Bonne Terre, Mo.

19. (a) Sept 30, 1942 (Date received local registrar) (b) Byrdie Bukmeister (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 21 year 1942 hour 2 minute 35 P M.

21. I hereby certify that I attended the deceased from 2-13 1942, to 9-21 1942 that I last saw him alive on 9-21 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of stomach, Scirrhous type	10 mo
Due to	
Due to	
Other conditions Generalized (Include pregnancy within 3 months of death)	
Atherosclerosis	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Paul Schroeder (M. D. or other) MD
Address Farmington Mo Date signed 9-21-42

1196 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1042-1228
Date Filed 10-13-42

AUG 28 1957

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 Elena Provine

Licensed Embalmer No. 3403

P. O. Address Bonne Terre 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.