

U. S. No. 2  
 FORM-5-42  
 Rev. 5-17-39  
 I X32873

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

33956  
 State File No. \_\_\_\_\_

Registration District No. 176

Primary Registration District No. 5568

Registrar's No. 274

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

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Rural - Blue  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
No. Courtney Road 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 20 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Rural - Blue  
(If outside city or town limits, write "RURAL")  
 (d) Street No. No. Courtney Road  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country no

3. (a) PRINT FULL NAME Richard W. Wilkie  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct. day 21  
 year 1942 hour 5:45 minute A.M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him Carson \_\_\_\_\_, 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 Juanita Wilkie 6. (c) Age of husband or wife if alive 45 years  
 7. Birth date of deceased March 1, 1898  
(Month) (Day) (Year)

Immediate cause of death death by electrocution  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years 44 Months 7 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) 193  
 Major findings: Of operations GI  
 Of autopsy see above

9. Birthplace Clement Iowa  
(City, town, or county) (State or foreign country)  
 10. Usual occupation machinist

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Richard W. Wilkie  
 13. Birthplace Portville Iowa  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ana Swanson  
 15. Birthplace near Portville Iowa  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Juanita Wilkie  
 (b) Address No. Courtney Road  
 17. (a) Rural (b) Date thereof 10/23/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Wood Stone  
 18. (a) Signature of funeral director Geo. E. Carson  
 (b) Address Independence Mo.  
 19. (a) 10-23-42 (b) James Rose  
(Date received local registrar) (Registrar's signature)

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) accident 048  
 (b) Date of occurrence 10/21/42  
 (c) Where did injury occur? Rural Jackson Co. Mo.  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home (Specify type of place) got against live wire  
 While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address R.C. Mo. Date signed 10/21/42

permit # 323

Ill.

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: *Floyd Cleason*  
Licensed Embalmer No. *4199*  
P. O. Address: *Independence*

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.