

S. No. 2  
M-542  
v. 5-17-39  
P. I X32873

33957 ✓

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 11 1942

Registration District No. 176

Primary Registration District No. 5568

Registrar's No. 277

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

48  
8  
0

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Intericity Dist. Blue Springs  
(If outside city or town limits, give "RURAL" and name of township)

(c) Name of hospital or institution: 23 + Glenwood  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 40 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural Intericity  
(If outside city or town limits, give "RURAL")

(d) Street No. 23 + Glenwood  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Henry Wilkinson

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct- day 29  
year 1942 hour 4 minute 35 P. M.

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

6. (b) Name of husband or wife Mary Wilkinson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: July 21 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 27- 1942 to Oct 24- 1942  
that I last saw him alive on Oct 23- 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 3 Days 3 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Cerebral hemorrhage  
Senescent degeneration  
Due to Cardiovascular, cerebral disease  
Due to \_\_\_\_\_

Duration 57 days  
1 yr. P.

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

10. Usual occupation Shipping Clerk (Retail)

Other conditions (include pregnancy within 3 months of death) 131A

Major findings: no operations  
Of operations \_\_\_\_\_

Of autopsy no autopsy

11. Industry or business \_\_\_\_\_

12. Name Robert Wilkinson

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

14. Maiden name no record

15. Birthplace no record  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant R. Roy Wilkinson

(b) Address 23 + Glenwood

17. (a) Burial (b) Date thereof Oct 26-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glenwood Cem

18. (a) Signature of funeral director Mr. C. R. Foster

(b) Address 718 Broadway

19. (a) 10-26-1942 (b) James W. Ross  
(Date received local registrar) (Registrar's signature)

23. Signature Carroll Clear (M. D. or other) MD  
Address Independence Mo Date signed Oct 26-42

3-1942

2343

Sup. in  
of West Bank

Dr. ...  
in ...

**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 Denzil P. Browning

Licensed Embalmer No. 2724

P. O. Address 77 E. 2nd

**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.**