

FILED JAN 6 1943

Registration District No. \_\_\_\_\_ Primary Registration District No. 4182

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

1. PLACE OF DEATH  
 (a) County Franklin  
 (b) City or town Newbaven  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 4 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Franklin  
 (c) City or town Newbaven Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRY C WILKER  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color of Race W. 6. (a) Single, widowed, married, divorced, Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Oct 24 1869  
 (Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

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

MOTHER FATHER { 12. Name Adolph Wilker  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Donna Brown  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Fritz Wilker  
 (b) Address Newbaven Mo

17. (a) Burial (b) Date thereof 12-9-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Newbaven

18. (a) Signature of funeral director L. G. Foster & Son  
 (b) Address Newbaven Mo

19. (a) Dec 10 (b) Clara England  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 7  
 year 1942 hour 8:30 minute P. M.  
 21. I hereby certify that I attended the deceased from Oct. 26 1942 to Dec. 7, 1942  
 that I last saw him live on Dec. 7, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Mitral Stenosis and Regurgitation

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 92 lb

Duration \_\_\_\_\_  
 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? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature A. W. Held (M. D. or other) \_\_\_\_\_  
 Address New Haven, Mo Date signed 12/18/42

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**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.....

*Earl Fertig*

Licensed Embalmer No. *3385*

P. O. Address.....

*Yonkers, N.Y.*

**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.**