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DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21024**
Registrar's No. **184**

FILED JUL 9 1943

Registration District No. **53**

Primary Registration District No. **3010**

1. PLACE OF DEATH:
(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(c) Name of hospital or institution: **South East M.D. Hospital**
(d) Length of stay: In hospital or institution **2 wks.**
In this community **2 wks.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Bollinger**
(c) City or town **Rural**
(d) Street No. **Near Greenbrier, Mo.**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Caroline Wilkerson**
(b) If veteran, name war No. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **10th**
year **1943** hour **1:00** minute **5** A. M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **William C. Wilkerson** 6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **Aug. 29 1876**

21. I hereby certify that I attended the deceased from **4-15-43** to **6-10-43**
that I last saw her alive on **6-9-43**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 9 II hr. min.

Immediate cause of death: **Pneumonia - Pneumonia (Septic)**
Due to **Cardiac Arrhythmia (Supraventricular)**
Other conditions: (Include pregnancy within 3 months of death)

9. Birthplace **Augusta Ark.**

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Lee Bickford**
13. Birthplace **Portland Maine**
14. Maiden name **Cordelia Brown**
15. Birthplace **Ireland**

Major findings: Of operations **101**
Of autopsy

16. (a) Informant **Edna Jaffer**
(b) Address **Greenbrier, Mo. Route #3**

17. (a) **Burial** (b) Date thereof **June 17 1943**
(c) Place: burial or cremation **Spars Cem. Zalma, Mo.**

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?
(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

18. (a) Signature of funeral director **Baker Funeral Home**
(b) Address **Lutesville, Mo.**

19. (a) **6-19-43** (b) **F. W. Phelps**
(Date received local registrar) (Registrar's signature)

23. Signature **F. W. Phelps** (M. D. or other) **1943**
Address **Cape Girardeau, Mo.**

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

RECEIVED

District Health Officer No. 4
District File Number 743-2407
Date Filed 7-7-43

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 G. E. Lichans

Licensed Embalmer No. 4910

P. O. Address Lutesville, Md.

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.