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-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32914  
Registrar's No. 111

FILED SEP 16 1943  
Registration District No. 425

Primary Registration District No. 3026

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

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Aurora  
(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.....  
In this community 10yr (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Lawrence  
(c) City or town Aurora  
(If outside city or town limits, write "RURAL")  
(d) Street No. 115 W. Myrtle  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME NETTIE WILKS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Bertie Wilks 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Jan. 30 1898  
(Month) (Day) (Year)

8. AGE: Years 45 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name William Blackmore

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

14. Maiden name Anna Reid (State or foreign country)

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Bertie Wilks

(b) Address Aurora, Mo.

17. (a) Burial (b) Date thereof 8 16 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring River Cem.

18. (a) Signature of funeral director Orson J. Marsh

(b) Address Aurora Mo

19. (a) 8-15-43 (b) Cuncea Greese by  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14  
year 1943 hour 10:30 minute P.M.

21. I hereby certify that I attended the deceased from August 5  
1943 to August 14, 1943.  
that I last saw her alive on August 14, 1943.  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Failure Duration 30 minutes

Due to Acute Anemia 36 hours

Due to hemorrhage from fibrous uterus 6 weeks

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none 139 p 3

Of autopsy none

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Leatha Kelly (M. D. or other) MD

Address Aurora Mo Date signed 8/16/43

RECEIVED

District Health Officer No. 6

District File Number 943-1086

Date Filed 9-14-43

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 Myself, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed Oliver L. Marsh  
Licensed Embalmer No. 3812  
P. O. Address Quincy 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.