

FILED FEB 14 1944

Registration District No.

Primary Registration District No. 4172

Registrar's No. 167

1. PLACE OF DEATH:

(a) County DeKalb  
(b) City or town Stewartsville, Mo.  
(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 years, months or days)

3. (a) PRINT FULL NAME JULIA L. WILKS

3. (b) If veteran, name war. 3. (c) Social Security No.

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

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if

7. Birth date of deceased May 1853  
(Month) (Day) (Year)

8. AGE: Years 90 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Clinton County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business

12. Name Rayton Laffoon

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

14. Maiden name Mary Church

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

16. (a) Informant Mrs W.B. Gregory

(b) Address Stewartsville Mo.

17. (a) Burial (b) Date thereof Dec 28 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Presbyterian Cemetery

18. (a) Signature of funeral director J. E. Gregory

(b) Address Stewartsville Mo.

19. (a) Dec-29-1943 (b) J. E. Gregory  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb

(c) City or town Stewartsville Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24  
year 1943 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 14, 1943, to Dec 24, 1943.

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 10 days

Due to:

Due to:

Other conditions Chronic Myocarditis years

Major findings: Of operations

Of autopsy 93d

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 J. M. Gentry (M. D. or other) D.O.

Address Stewartsville Mo. Date signed 12-25-43

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

MOTHER FATHER

**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.....

*F. G. Jones*

Licensed Embalmer No.....

*952*

P. O. Address.....

*Stewartville 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.**