

FILED APR 15 1944
Registration District No. 1002Primary Registration District No. 1002Registrar's No. 1546

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kearney Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution few hrs
 (Specify whether years, months or days) 1.5 yrs

3. (a) PRINT FULL NAME

(b) If veteran,
name war No

3. (c) Social Security
No. none

4. Sex M - 5. Color or race Wh
 6. (a) Single, widowed, married 1 divorced
 6. (b) Name of husband or wife Anna Wilkinan
 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased May 8 - 1980
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 11 0 hr. min.

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

10. Usual occupation Teacher Public Schools

11. Industry or business

12. Name Norris Wilkinan

13. Birthplace No record 9
 (City, town, or county) (State or foreign country)

14. Maiden name Wena Atwater

15. Birthplace No record 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Anna Wilkinan

(b) Address 15 E - 29

17. (a) Burial (b) Date thereof 4-8-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director H. Bergman

(b) Address 23715 Linden

19. (a) 4-7-44 (b) N. E. Brown
 (Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Kearney Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 15 E 29
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 8
 year 1944 hour 2 minute 10 a.m.

21. I hereby certify that I attended the deceased from
 _____ 19____ to _____ 19____;
 that I last saw h. Deputy Coroner _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot Wound of Head
 Duration _____
 Due to _____

Due to _____
 Other conditions Hypertrophy of Heart
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy See Above
 164e

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) Suicide
 (b) Date of occurrence April 7, 1944
 (c) Where did injury occur? Kearney City Mo
 (City or town) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work No (Specify type of place)
 (c) Means of injury Gunshot
 23. Signature W. E. Washer (M. D. or other)
W. E. Washer Date signed 4/7/44
 Address 23715 Linden

MAY 10 1948

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..... *Harry Bergman*

Licensed Embalmer No..... *2041*

P. O. Address..... *100 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.