

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14220

State File No.

Registrar's No.

FILED MAY 11 1944

Registration District No.

Primary Registration District No.

1000

330

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1320 Olive Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not
(Specify whether years, months or days)

In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1320 Olive Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country D

3. (a) PRINT FULL NAME Elizabeth Percilla Wilkerson

(b) If veteran, name war No

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
year 1944 hour 9:31 minute P. M.

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Albert P. Wilkerson

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased December 18 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from

that I last saw her alive on

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>2</u>	<u>29</u> hr. min.

Immediate cause of death:

arteriosclerosis general
arteriosclerotic heart disease

Due to arrhythmia fibrillation

Due to cardiac degeneration

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Home

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name W.W. Slade

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

14. Maiden name Isabelle McDonald

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

16. (a) Informant Paul Elliott

(b) Address 1320 Olive St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 3/20/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star Cemetery

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?

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Farron St. St. Joseph, Mo.

19. (a) 3-20-44 (b) Rose Hargoy
(Date received local registrar) (Registrar's signature)

While at work?

(Specify type of place) (c) Means of injury

23. Signature R. P. Lenoir M.D.
Address St. Joseph, Mo. Date signed 3-20-44

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

MOTHER FATHER

1233

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..... *Elbert B. Harrington*

Licensed Embalmer No. 3258 Missouri.....

P. O. Address St. Joseph, Missouri.....

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.