

FILED MAY 12 1944
Registration District No. 2

Primary Registration District No. 3007

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Brandon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 60 days
(Specify whether years, months or days) Risco, Mo. 15 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD Perry Gained Wilkins

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

4. Sex Male 5. Color or race W. 6. (a) Single, Single, divorced, Married

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

7. Birth date of deceased Nov. 2nd. 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 5 13 hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Willie Wilkins

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

14. Maiden name Delia Choat

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

16. (a) Informant Albert Wilkins
(b) Address Risco, Mo.

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

(c) Place: burial or cremation Malden, Mo.

18. (c) Signature of funeral director Craig Funeral Service
(b) Address Malden, Missouri

19. (a) 4-21-44 (b) Belle Stine
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1944 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 7, 1944 to April 15, 1944
that I last saw him alive on April 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Duodenal Ulcer Duration 4-12-44

Due to Duodenal Ulcer 11-1-43

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 117a
Of autopsy _____

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? _____

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

23. Signature W. W. [Signature] (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 4-21-44

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

1273

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 544-682

Date Filed 5-11-44

MAY 19 1944

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..... W. L. Craig

Licensed Embalmer No. 4302

P. O. Address.....

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.