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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17701

Registration District No. FILED JUN 5 1944 Primary Registration District No. 5183 Registrar's No. 19

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Rural Brand Tuck
(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 ? (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 16
(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural 0
(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 ✓ 0

3. (a) PRINT FULL NAME SARAH RUZILLA WILKINSON
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 2 widowed
6. (b) Name of husband or wife Joel H. Wilkinson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 26 1855 (Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Millersville Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeping
11. Industry or business
FATHER
12. Name Jesse Hendricks
13. Birthplace Millersville Mo 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jennie Cowan
15. Birthplace Millersville Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Jessie Wilkinson
(b) Address Jackson Mo R#1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-44 (Month) (Day) (Year)
(c) Place: burial or cremation Wilkinson Cemetery
18. (a) Signature of funeral director R Miller
(b) Address Jackson
19. (a) 5/26 44 (Date received local registrar) (b) J H C Keistner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1944 hour 12 minute 45 M.
21. I hereby certify that I attended the deceased from Past 10 or 12 yrs, to May 24, 1944 that I last saw her alive on May 18, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

97

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 D. J. L. Siebmuth (M.D. or other) 83
Address Jackson Mo Date signed 5-27-44

1116

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 644-3914
Date Filed 6-7-44

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. Inos K. Allen

Licensed Embalmer No. 4050

P. O. Address Jackson

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.