

FILED AUG 9 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No.

627

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 2121 N Broad  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield (If outside city or town limits, write "RURAL")  
(d) Street No. 2121 N Broad (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY M. WILKERSON

3. (b) If veteran, name war NO 3. (c) Social Security No. 710

4. Female 5. Color of White 6. (a) Single, widowed, married Widowed  
6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive Dec 14 1865  
7. Birth date of deceased Dec 14 1865  
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business In Home

12. Name John Meadows D.

13. Birthplace Calloway Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lawrence

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

16. (a) Informant C. L. Wilkerson

(b) Address 2121 N Broad, Spfld., Mo

17. (a) Burial (b) Date thereof July 31, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeler's Ark.

18. (a) Signature of funeral director J. W. Kemmer Co

(b) Address Springfield Mo

19. (a) 7-29-44 (b) W. H. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1944 hour 5 minutes 25 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1944, to \_\_\_\_\_, 1944  
that I last saw her alive on \_\_\_\_\_, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of ut. ovary Duration 4 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 49a

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature J. B. Kemmer (M. D. or other) MD

Address Springfield Mo Date signed 7/29/44

984

(Licensed Embalmer's Statement on Reverse Side)

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

39  
2  
6

**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 *Ogden Slone J*  
Licensed Embalmer No. *4176*  
P. O. Address *Springfield*

**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.