

Registration District No. 222

Primary Registration District No. 4411

1. PLACE OF DEATH

(a) County Pike  
(b) City or town Bowling Green  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. P  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME MATTIE STARK WILKERSON

3. (b) If veteran, name war X 3. (c) Social Security No. none

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married 1 divorced married

(b) Name of husband or wife Thomas Wilkerson 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased May 9 1867  
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Pike Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Wm Stark

13. Birthplace Pike Co. Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Smith

15. Birthplace Pike Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Wilkerson

(b) Address Bowling Green, Mo.

17. (a) Burial (b) Date thereof Oct. 12 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rob Cemetery, Grace Baptist

18. (a) Signature of funeral director Grace Baptist

(b) Address Bowling Green, Mo.

19. (a) Oct 15-44 (b) John Frank Sadon  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th year 1944 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Aug 1st, 1944 to Oct. 10th, 1944  
that I last saw her alive on Oct. 10th and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to 93d

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

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? ---

23. Signature James R. Ryan M.D. (Specify type of place) (e) Means of injury ---  
Address Bowling Green, Mo. Date signed 10/12/44

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-44-1836

Date Filed NOV. 10 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 Grace Bonfhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green

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.