

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 9 1945

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 277

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4y-5M-4d (Specify whether
In this community 4y-5M-4d (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Andrew¹⁴
(c) City or town Mexico R2D.1
(If outside city or town limits, write "RURAL") 2
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles R. Wilkins

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Nov 10 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Morse County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Peter D. Wilkins

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

14. Maiden name Susan E. Corham

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

16. (a) Informant Records

(b) Address _____

17. (a) Removal (b) Date thereof 9-7-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Carl T. Pugh

(b) Address Mexico, Mo.

19. (a) 9-7-1945 (b) Joie Moravickoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7th
year 1945 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from 4-19 1945 to 9-7- 1945
that I last saw him alive on 9-6- 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 6d

Due to Generalized Arteriosclerosis 5y

Due to _____

Other conditions (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? _____

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

Signature George W. Reeves (M. D. or other) M.D.

Address Fulton, Mo. Date signed 9-7-45

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

14
2

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed _____

10-8-45

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 _____

Carl E. Puckett

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Carl E. Puckett

Licensed Embalmer No. _____

3189

P. O. Address _____

Mexico mo.

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.