

S. No. 2
M-8-43
7-5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38782

State File No. _____

FILED DEC 12 1945

Registration District No. 341

Primary Registration District No. 3025

Registrar's No. 36

1. PLACE OF DEATH

(a) County Stoddard

(b) City or town Deerfield Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 Mo (b) County Marion

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL") 4

(d) Street No. _____ (If rural, give location) 1

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Lucy Olothia Wilkerson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1945 hour 11 minute 40 P M.

21. I hereby certify that I attended the deceased from 11-10 - 1945 to 11-16 - 1945 and that death occurred on the date and hour stated above.

that I last saw her alive on 11-14 - 1945

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

6. (b) Name of husband or wife H. B. Buchanan 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: March 29 1885
(Month) (Day) (Year)

Immediate cause of death Carcinoma of liver

Due to _____

8. AGE: Years 62 Months 7 Days 18 If less than one day _____ hr. _____ min.

Due to _____

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

Major findings: Of operations _____

Of autopsy H&F

9. Birthplace Leora Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name _____

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

14. Maiden name Julia Davis

15. Birthplace Leora Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant H. B. Buchanan

(b) Address Deerfield Mo 0

17. (a) Buried (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Deerfield Mo

18. (a) Signature of funeral director Walterus Ford Hay

(b) Address Deerfield Mo

19. (a) 11-25-45 (b) Nora Smith
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 117

(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 0

23. Signature J. J. Hart (M. D. or other) _____

Address Deerfield Mo Date signed 11-17-45

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

1134

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1245-3374

Date Filed 12-8-45

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Lynnan Steele

Licensed Embalmer No. 2476

P. O. Address Hester 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.