

FILED JAN 2 1946

Registration District No. 15

Primary Registration District No. E069

Registrar's No. 68

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

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural Lamar large
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 1/2 SE of Lamar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 18 yrs (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Jonathan Cassidy Wilkins

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lydia Wilkins 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February 2, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 9 27 X hr. X min.

9. Birthplace Gentry County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business " "

MOTHER FATHER

12. Name Charels Wilkins

13. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

14. Maiden name Marie Kirkpatrick

15. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Arnold

(b) Address 102 E. 12th Lamar, MO.

17. (a) Burial (b) Date thereof 12-1-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moorehead Cemetery

18. (a) Signature of funeral director Gibson Funeral Home

(b) Address 1001 Broadway Lamar, Missouri

19. (a) December 1, 1945 (b) Marie Bonamy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Rural 2 1/2 SE of Lamar
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th
year 1945 hour 1:40 PM minute _____ M.

21. I hereby certify that I attended the deceased from Nov 17
1945 to November 29, 1945
that I last saw him alive on November 29
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis
Due to Rabbit infection
Due to _____

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

Major findings: Of operations 2 lobes
Of autopsy _____

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 D. G. ... (M. D. or other) MD
Address Lamar, Missouri Date signed 11-29

Duration 3 weeks
PHYSICIAN
Underline the cause to which death should be charged statistically.

1613

RECEIVED

District Health Officer No. 6;

District File Number 1245-1102

Date Filed 12-26-75

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.....

Licensed Embalmer No. 4137

P. O. Address 1201 Broadway Lane r, 1

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.