

FILED MAR 5 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 3096

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural Mt. Pleasant Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R F D, Butler /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Lived in Bates Co. 75 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. North West of Butler 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary E. Wilcox

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

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

6. (b) Name of husband or wife Edward D. Wilcox 6. (c) Age of husband or wife if alive. X years

7. Birth date of deceased March 1, 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Pleasant Green Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas B. Walton

13. Birthplace no record 9
(City, town, or county) (State or foreign country)

14. Maiden name Allie J. Pamey
(City, town, or county) (State or foreign country)

15. Birthplace no record 4
(City, town, or county) (State or foreign country)

16. (a) Informant Walton Wilcox

(b) Address RFD Butler, Missouri

17. (a) Burial (b) Date thereof 2-23-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director Culver-Underwood

(b) Address Butler, Missouri

19. (a) 2-22-46 (b) Russell Perry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 20
year 1946 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from JANUARY 20, 1946, to FEBRUARY 20, 1946, that I last saw her alive on FEBRUARY 20, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic myocardial disease

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

Major findings: Of operations _____

Of autopsy 1310

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) (c) Means of injury _____

23. Signature Russell Perry (M. D. or other) _____
Address Butler, Mo. Date signed 2/21/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3577

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 *John H Underwood*
Licensed Embalmer No. *3585*
P.O. Address *Butler 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.