

**FILED MAR 9 1946**

Registration District No. **4**

Primary Registration District No. **5-160**

Registrar's No. **92**

**1. PLACE OF DEATH:**

(a) County **Callaway**  
(b) City or town **Rural Calwood**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **2 mi north of Calwood**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **46 years**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Callaway**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2 mi North of Calwood**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME**

**John William Wilkes**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased **January 11 1862**  
(Month) (Day) (Year)

8. AGE: Years **84** Months **1** Days **12** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Roanoke Virginia**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **no record** 9

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

14. Maiden name **no record** 9

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

16. (a) Informant **Mrs. Pete Mc Guire**

(b) Address **address no**

17. (a) **Burial** (b) Date thereof **2/25/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Williamsburg**

18. (a) Signature of funeral director **Wallace Funeral Home**

(b) Address **7 N. G. Fulton Mo.**

19. (a) **25 1946** (b) **Jose Morisushoff**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Feb.** day **23**  
year **1946** hour **11** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Mar. 28**  
**1945** to **Feb. 23** **1946**  
that I last saw him alive on **Feb. 23** **1946**  
and that death occurred on the day and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**  
**Cerebral**  
Duration \_\_\_\_\_

Due to **arterio Sclerosis**

Due to **Hypertension**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **830**

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? \_\_\_\_\_

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

23. Signature **J. Wilkes** (M. D. or other) \_\_\_\_\_

Address **Fulton** Date signed **2/25/46**

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

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 3-8-46

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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 Wenzel C. Browning  
Licensed Embalmer No. 8724  
P. O. Address Fulton md

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.