No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8687

FILED APR 2 1946

Registration District No. 3

Primary Registration District No. 5135

Registrar's No.

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Julin - Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler 12

(c) City or town Julin - Rural ()
(If outside city or town limits, write "RURAL") ()

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

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

If yes, name country —

3. (a) PRINT FULL NAME James Elmo Wilkes

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex M D

5. Color or race W

6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife Anna E. Wilkes

6. (c) Age of ~~husband or~~ wife if alive 54 years

7. Birth date of deceased March (Month) 19 (Day) 1888 (Year)

8. AGE: Years 57 | Months 11 | Days | If less than one day ___ hr. ___ min.

9. Birthplace Gibson Co. (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Curtiss Wilkes
(b) Address Pollard, Ark.

17. (a) B (Burial, ~~cremation, or removal~~) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Julin Cemetery

18. (a) Signature of funeral director Lloyd Russell
(b) Address Piggott, Ark.

19. (a) 4-10-46 (Date received local registrar) (b) R. H. Minetree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 2
year 46 hour minute 1:05 A.M.

21. I hereby certify that I attended the deceased from 2-17, 1946 to 2-25, 1946;
that I last saw him alive on 2-25, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho Pneumonia	
Chronic Bronchial asthma	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 1	

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

23. Signature W. E. Turner (M. D. or other)
Address Piggott Ark Date signed 3-8-46

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(Licensed Embalmer's Statement on Reverse Side)

Dr. W. E. T.

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.....

P. O. Address.....

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.

No. 2B
I—3-45
P I X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 43 Primary Registration District No. 5135 Registrar's No. 125

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Butler
(c) City or town: Quilin
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: James E. Wilken
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: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Mar (Month) 19 (Day) 1888 (Year)
8. AGE: Years 57 Months 11 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Tenn (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
FATHER 13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
MOTHER 15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 4-10-46 (Date received local registrar) (b) R H Murdie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 2 Day year 1946 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. E. Turner (M. D. or other)
Address Ark. Date signed

SUPPLEMENTARY

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

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