

Registration District No. **217** Primary Registration District No. **43-2-85785**

1. PLACE OF DEATH:
 (a) County **Mississippi**
 (b) City or town **Bertrand--rural**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
On way to Physician at Charleston
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3**
 In this community **all of life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Mississippi**
 (c) City or town **Bertrand**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Gen Del**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **None**

3. (a) PRINT FULL NAME **John Rowe Wilkerson**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **16**
 year **1946** hour **10** minute **A** M.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Ida May Wilkerson**
 6. (c) Age of husband or wife if alive **62** years
 7. Birth date of deceased **May 22nd 1880**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Attended as Coroner 19...
 that I last saw him alive on 19...
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	66	8	24	hr. min.

Immediate cause of death:
Coronary Occlusion
 Due to...
 Due to...
 Other conditions: (Include pregnancy within 3 months of death)

9. Birthplace **Charleston - Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Carpenter**
 11. Industry or business **Building & Day labor**

PHYSICIAN
 Major findings:
 Of operations **atw**
 Of autopsy
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name **Henry Houston Wilkerson**
 13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Armanda Haney**
 15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
 16. (a) Informant **Mrs Ida May Wilkerson**
 (b) Address **Bertrand, Mo**
 17. (a) **Burial** (b) Date thereof **2/18/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Oak Grove-Charleston**
 18. (a) Signature of funeral director **John F. ...**
 (b) Address **Charleston, Mo**
 19. (a) **3-6-46** (b) **Mrs. John B. ...**
(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) **no**
 (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 **3**
 23. Signature **John F. ...** (M. D. or other)
 Address **Charleston, Mo** Date signed **2-17-46**

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

9090

RECEIVED

District Health Office No. 2,

District File Number 446-438

Date Filed 4-4-46

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 Edward E. Pinner

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.