

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34403

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(c) Name of hospital or institution Pike County Hospital 0
(d) Length of stay: In hospital or institution two days
In this community Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike 82
(c) City or town Louisiana 2
(d) Street No. /
(e) Citizen of foreign country? 910 (Yes or No) 0
If yes, name country 910

3. (a) PRINT FULL NAME Thomas Benton Wilkinson
(b) If veteran, name war 910
(c) Social Security No. 90

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 28
year 1946 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from 10/26/1946
that I last saw him alive on 10/28 1946
and that death occurred on the date and hour stated above.

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 Oct. 3 1876
(Month) (Day) (Year)

Immediate cause of death
Myocardial Failure
Due to Coronary thrombosis
Hypertensive Cardiovascular Disease
Other conditions
Major findings: Of operations
Of autopsy

8. AGE: Years 70 Months 0 Days 25
If less than one day hr. min.
9. Birthplace Unknown Missouri
10. Usual occupation Laborer

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

MOTHER FATHER
11. Industry or business
12. Name William Wilkinson
13. Birthplace Unknown Kansas
14. Maiden name Mary Cothran
15. Birthplace Unknown Kansas

16. (a) Informant Ely Wilkinson
(b) Address Altan, Ill.
17. (a) Removal (b) Date thereof 10/29/46
(c) Place: burial or cremation Brighton, Illinois
18. (a) Signature of funeral director Farmer, Stone
(b) Address Louisiana, Mo.
19. (a) 10/29/46 (b) Bernice Collier
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (b) Means of injury
23. Signature Geo. H. Lemell (M. D.)
Address Louisiana, Mo. Date signed 10-29-46

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

RECEIVED
District Health Officer No. 10
District File Number 10-46-2020
Date Filed NOV - 8 1946

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 J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.