

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

State File No. 445  
Registrar's No. 36

FILED FEB 13 1947

Registration District No. 47

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County CALLAWAY

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

(c) Name of hospital or institution: 1  
(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 life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway

(c) City or town Williamsburg  
(If outside city or town limits, write "RURAL")

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

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANCES A. WILKS

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 SINGLE

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

7. Birth date of deceased OCT 13 1921  
(Month) (Day) (Year)

8. AGE: Years 25 Months 3 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace CALLAWAY CO (City, town, or county) MO (State or foreign country)

10. Usual occupation STUDENT

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

12. Name RUFUS WILKS

13. Birthplace FRANKLIN (City, town, or county) W.V. (State or foreign country)

14. Maiden name LOUISE DAY

15. Birthplace FORT WORTH (City, town, or county) TEXAS (State or foreign country)

16. (a) Informant RUFUS WILKS

(b) Address WILLIAMSBURG, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 7 1947 (Month) (Day) (Year)

(c) Place: burial or cremation AUXVASSE

18. (a) Signature of funeral director Glen Y. Maurer

(b) Address 712 Court St Fulton, Mo

19. (a) Feb 7-1947 (Date received local registrar) (b) Joris M. Marshall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 5 year 1947 hour about 1:30 minute 00 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ that I last saw him \_\_\_\_\_ alive \_\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Myocardial infarction  
Deceased had suffered from a chronic valvular heart disease (mitral valve)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 2

23. Signature M. Stewart (M.D. or other) \_\_\_\_\_  
Address Fulton, Mo Date signed 2/6/47

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

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RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 2-11-47

VS APR 1 1960

JUN 11 1960

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..... *Glen G. Maupin*.....  
Licensed Embalmer No. *2725*.....  
P. O. Address..... *Fulton, 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.