

S. No. 2
M-5-43
r. 5-17-39
o I X36671

FILED MAR 11 1947

Registration District No. 240 Primary Registration District No. H358

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

1. PLACE OF DEATH:
 (a) County New Madrid.
 (b) City or town Lilbourn
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home.
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County New Madrid 72
 (c) City or town Lilbourn 2
(If outside city or town limits, write "RURAL") 0
 (d) Street No. _____
(If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Wilkerson
 3. (b) If veteran, name war No. 3. (c) Social Security No. None.
 4. Sex Female 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 17 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 25
 year 1947 hour 7 minute 15 A. M.
 21. I hereby certify that I attended the deceased from Feb 21
 _____, 1947, to Feb 25, 1947
 that I last saw her alive on Feb 25, 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral thrombosis
 Duration 3 Days

8. AGE: Years Months Days If less than one day
84 1 8 _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace New Madrid Co., Missouri. 0
(City, town, or county) (State or foreign country)

Other conditions Broncho Pneumonia
(Include pregnancy within 3 months of death) 1 Day

10. Usual occupation Housework
 11. Industry or business _____
 12. Name Amos Barnes
 13. Birthplace Tennessee. 1
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown.
 15. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Mary Barnes.
 (b) Address Lilbourn, Missouri.
 17. (a) Burial (b) Date thereof 2-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mounds Cen.

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) (c) Means of injury 0

18. (a) Signature of funeral director Ponder Funeral Home
 (b) Address Lilbourn, Missouri.
 19. (a) 3-8-47 (b) H. L. Ponder Spitz
(Date received local registrar) (Registrar's signature)

23. Signature H. L. Ponder Spitz (M. D. or other) 0
 Address Lilbourn Mo Date signed 3-8-47

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

Harmon Holmsted
Harmon Holmsted

Licensed Embalmer No.

3367

P. O. Address

Willbourn, 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.