

FILED MAR 25 1947

Registration District No. 169

Primary Registration District No. 6618

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Barney - Rural
(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 1
In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 52
(c) City or town Rural
(d) Street No. North of Barney
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Martha Ann Wilburn

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 Widowed
6. (b) Name of husband or wife John Yarnum Wilburn 6. (c) Age of husband or wife if alive, years 1861
7. Birth date of deceased March 15 (Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Coalingburg (City, town, or county) (State or foreign country) Ill

10. Usual occupation Retail hardware

11. Industry or business.....

12. Name James Inman
13. Birthplace Not known (City, town, or county) (State or foreign country) 9
14. Maiden name Cunningham
15. Birthplace Not known (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs Martha Cunningham
(b) Address Barney Mo
17. (a) Buried (b) Date thereof March 17 47
(c) Place: burial or cremation Presbyterian

18. (a) Signature of funeral director George's Beach
(b) Address Thompson
19. (a) Mar-17-47 (b) Willie S. Hunslet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1947 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb 19, 1947, to March 13, 1947; that I last saw her alive on March 13, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Central Hemorrhage Duration 6 days

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) (c) Means of injury 2

23. Signature J. J. Breckenfeld (M. D. or other) MD
Address Edina, Mo Date signed 3/15/47

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

RECEIVED
District Health Officer No. 10
District File Number 2-47-551
Date filed MAR 24 1941

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. 4258
P. O. Address Memphis, 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.