

FILED MAY 5 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12948

State File No. _____

Registration District No. 84

Primary Registration District No. 5319

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Atterville (Twp)
(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 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME NEVADA-ELIZABETH-WILKERSON

8. (b) If veteran, name war 8. (c) Social Security No. ✓

5. Color or race Female white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife L. C. Wilkerson 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased August 5 1972
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 26 If less than one day hr. min.

9. Birthplace Russellville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business same

12. Name L. C. Monroe

13. Birthplace unknown Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Chadwick

15. Birthplace High Point Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant L. C. Wilkerson

(b) Address Atterville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation F.O.O.F. Cemetery, Atterville

18. (a) Signature of funeral director Hays - Painter

(b) Address Atterville, Mo.

19. (a) 4-5-47 (b) Hettie Mullett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Atterville (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1
1947 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from 3-28
1947 to 4-1, 1947
that I last saw her alive on 4-1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema
with coronary arteriosclerosis
Due to Paralyzed Aigilons
Duration 2 days
Other conditions _____
(Include pregnancy within 3 months of death)

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

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 _____
23. Signature Tom Hall (M. D. or other) MD
Address Atterville, Mo Date signed 4/3/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-2-47

MAY 27 1947

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 _____

myself, Registered Apprentice No. _____
working under my personal supervision.

Signed R. L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, Wis.

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, above space should be left blank.