V. S. No. 2
36M—12-45
Rev. 5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26207

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7496

1. PLACE OF DEATH:

(a) ~~County~~ St. Louis, Mo.

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

(c) Name of hospital or institution: Lutheran Hosp. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days (Specify whether in this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Calhoun 999

(c) City or town Harbin, Illinois 11 (If outside city or town limits, write "RURAL")

(d) Street No. — (If rural, give location) 0

(e) Citizen of foreign country? N.R. No (Yes or No) 2

If yes, name country —

3. (a) PRINT FULL NAME Clara Wilkinson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W

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 Jan 27 (Month) (Day) 1880 (Year)

8. AGE: Years 67 Months 6 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace Calhoun (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name William Plummer
13. Birthplace Calhoun (City, town, or county) Ill. 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Ramsey
15. Birthplace Calhoun (City, town, or county) Ill. 1 (State or foreign country)

16. (a) Informant [signature]

(b) Address Harbin, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Harbin, Ill.

18. (a) Signature of funeral director C. C. Hanker

(b) Address Box 323 Harbin, Ill.

19. (a) AUG 8 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6 year 1945 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 25 21, 1947, to August 6, 1947 that I last saw her alive on Aug 5, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lymphatic leukemia	1 mo
Due to	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M. D. ~~or other~~)

Address 3651 Grundel Sq Date signed 8-6-47

(Licensed Embalmer's Statement on Reverse Side)

AUG 28 1947

7496

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 Rex Campbell

Licensed Embalmer No. 3881

P. O. Address St Louis 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.