

FILED SEP 16 1947

State File No. _____

Registration District No. 218

Primary Registration District No. 4330

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town East Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 55 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town East Prairie
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME TESSIE M. WILKINSON

3. (b) If veteran, name war _____ 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 decedent Nov 24 1898
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Spencer Co. Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew G. Ryker
13. Birthplace Wapukawa Minnesota
(City, town, or county) (State or foreign country)
14. Maiden name Mauby Ellen Stuber
15. Birthplace Spencer Co. Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Madge Moss
(b) Address East Prairie Mo.

17. (a) Burial (b) Date thereof Aug 13 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Stone Chariton

18. (a) Signature of funeral director Harold Shelby
(b) Address East Prairie Mo.

19. (a) 9-4-47 (b) Gertrude B. Harper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1947 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from Feb 11 1947 to Aug 11 1947 that I last saw her alive on Aug 10 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Due to Atherosclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) HTA

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 U

23. Signature Geo. W. Whitaker (M. D. or other) _____
Address East Prairie Mo Date signed 8/23/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

67
2
0

RECEIVED

District Health Office No. 2,

District File Number 947-1230

Date Filed 9-13-47

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 Travis Shelby
Licensed Embalmer No. 2726
P. O. Address East Travis, 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.