

FILED NOV 3 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35340**

Registration District No. **290**

Primary Registration District No. **4430**

Registrar's No. **136**

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

1. PLACE OF DEATH:

(a) County **Pulaski**

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

(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pulaski** **85**

(c) City or town **Crocker** **0**
(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) **x**

If yes, name country _____

3. (a) PRINT FULL NAME **Joseph H. Wilkes**

3. (b) If veteran, name war _____ 3. (c) Social Security **N488-18-9874**

4. Sex **M O** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Rhoda E. Wilkes** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased: **Jan. 18 1879**
(Month) (Day) (Year)

8. AGE: Years **68** Months **8** Days **18** If less than one day _____ hr. _____ min.

9. Birthplace **N. Carolina**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **John Wilkes** **9**

13. Birthplace **D.K.** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah**

15. Birthplace **D.K.** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rhoda E. Wilkes**
(b) Address **Crocker, Missouri**

17. (a) **Burial** (b) Date thereof **10-8-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crocker Cemetery**

18. (a) Signature of funeral director **J. L. Hoops & Sons**
(b) Address **Crocker, Mo.**

19. (a) **Oct. 30, 1947** (b) **Thomas C. Buehler**
(Date received local registrar) (Registrar's signature) **2-15-9**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **6**
year **1947** hour **1:45** minute **P** M.

21. I hereby certify that I attended the deceased from **Oct**, 1946, to **Oct 6**, 1947,
that I last saw him alive on **Oct 6**, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary heart disease**

Due to **Arteriosclerosis**

Due to _____

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

Major findings:
Of operations _____

Of autopsy **94A**

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 **John A. Mikalovich** (M.D. or other) **20**
Address **Crocker** Date signed **10-2-47**

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 Paul B. Hoops
Licensed Embalmer No. 3261
P. O. Address Waynesville

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.