

S. No. 2
OM-1/47
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAY 12 1948

Registration District No. 40

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12285

Primary Registration District No. 3028

Registrar's No. 2

1. PLACE OF DEATH:

(a) County GRAND
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WRIGHT Hosp
(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

3. (a) PRINT FULL NAME WILLIAM HENRY WIRKINGHAM

3. (b) If veteran, _____ name war _____ 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nancy Elva Witten 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 26 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 3 4 — hr. — min

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

10. Usual occupation Medical Doctor

11. Industry or business Medical Practice (Retired)

12. Name Isam W. Wirkingham

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

14. Maiden name Nancy Neill

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Nancy W. Davis

(b) Address Orlando Neb

17. (a) BURIAL (b) Date thereof MAY 2 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edwin T. O. O. Cemetery

18. (a) Signature of funeral director James A. Adams

(b) Address 800 Trenton Mo

19. (a) 5/2/48 (b) James Adams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GRAND
(c) City or town TRENTON
(If outside city or town limits, write "RURAL")
(d) Street No. 301 WEST 114 ST
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 30
year 1948 hour 1:15 minute P M.

21. I hereby certify that I attended the deceased from Jan 1st
18 to April 30th 1948
that I last saw him alive on April 30th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 5 years
Do not know

Due to _____

Due to _____

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

Major findings: Of operations 937

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? _____ (Specify type of place)
While at work? _____ (Specify type of work)
23. Signature James Adams (M. D. or other) MD
Address Trenton Mo April 30th 1948

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95

MAY 13 1948

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 Raymond A. Blum
Licensed Embalmer No. 3424
P. O. Address Quinton 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.