No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35743

FILED NOV 29 1948

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1237

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 20yrs-7mos-3 days (Specify whether In this community years, months or days): 20yrs 7 mo. 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lafayette 54
(c) City or town: Rural (If outside city or town limits, write "RURAL") 0
(d) Street No.: Rural (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: none

3. (a) PRINT FULL NAME: Frank H. Wilkinson
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Unknown
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years ?? 70 | Months — | Days — | If less than one day: hr. min.
9. Birthplace: Unknown (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Agriculture
MOTHER FATHER
12. Name: Tilden J. Wilkinson
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
14. Maiden name: Julia Parrish
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Julian Wilkinson
(b) Address: Bates City Mo.
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 11-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Mo
18. (a) Signature of funeral director: Mrs. G. B. Wells & Son
(b) Address: Oak Grove Mo
19. (a) 11-22-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 3x2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19th year 1948 hour Six minute P M.
21. I hereby certify that I attended the deceased from November 1, 1948 to November 19, 1948 that I last saw him alive on November 19, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	2 yrs.
Due to: Generalized Arteriosclerosis & Hypertension	5 yrs.
Due to:	
Other conditions: Bronchiectasis (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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: Forrest Thomas (M. D. or other)
Address: St Joseph Mo Date signed 11/20/48
c/o State Hosp. No 2

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 R. B. Webb

Licensed Embalmer No. 2 3 5 3

P. O. Address Blue Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.