

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5311**

49
2
3

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>200</u>		Registrar's No. <u>69</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jasper</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jasper</u>		admission). <u>119</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		<u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>419 So. Maple St.</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>ETHEL</u>	b. (Middle) <u>MAE</u>	c. (Last) <u>WILKERSON</u>	(Month) <u>Feb</u>	(Day) <u>12</u>	(Year) <u>1949</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 26, 1905</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Smith Bros Overall Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Joplin, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John W. Copher</u>		13b. MOTHER'S MAIDEN NAME <u>McCauley</u>		14. NAME OF HUSBAND OR WIFE <u>Garland B. Wilkerson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>500-05-1499</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>G.B. Wilkerson, 419 Maple, Carthage, Mo.</u>					
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u>					<u>6 hours</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	DUE TO (b) <u>Hysterectomy</u>						
	DUE TO (c) <u></u>						
	II. OTHER SIGNIFICANT CONDITIONS						
	Conditions contributing to the death but not related to the disease or condition causing death. <u>10/2/49</u>						
19a. DATE OF OPERATION <u>2-7-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Bilateral salpingitis and fibromyoma uteri.</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>1-21-49</u> , 1948, to <u>2-12</u> , 1949, that I last saw the deceased alive on <u>2-12</u> , 1949, and that death occurred at <u>10:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Describe or title) <u>G.B. Wilkerson</u>			23b. ADDRESS <u>410 Jackson, Joplin, Mo</u>			23c. DATE SIGNED <u>2-14-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb 16, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>2-15-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Knell Mortuary Carthage, Mo.</u>			

49-2-1149

APR 11 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Robert H. Knell

Signed _____
Student Embalmer

Licensed Embalmer No. 4459

P. O. Address Carthage

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.