

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 380

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| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster | |
| b. CITY (If outside corporate limits, write RURAL and give township) Springfield | | c. CITY (If outside corporate limits, write RURAL and give township) Fordland | |
| c. LENGTH OF STAY (In this place) 5 days | | d. STREET ADDRESS (If rural, give location) Rural Route # 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) JAMES | b. (Middle) HOPE | c. (Last) WILKERSON | 4. DATE OF DEATH (Month) (Day) (Year) April 21, 1950 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH May 23, 1878 | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months 10 Days 29 | IF UNDER 4 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Agriculture | 11. BIRTHPLACE (State or foreign country) Rogersville, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Samuel G. Wilkerson | 13b. MOTHER'S MAIDEN NAME Frances Ewing | 14. NAME OF HUSBAND OR WIFE Mandy Wilkerson |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME James M. Wilkerson ADDRESS Rogersville, Mo. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 542X | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from April 17, 1950, to April 21, 1950, that I last saw the deceased alive on April 21, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE W. Deibel M.D. (Degree or title) | 23b. ADDRESS McDaniel Building Springfield, Missouri | 23c. DATE SIGNED 4/22/1950 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4/23/1950 | 24c. NAME OF CEMETERY OR CREMATORY Panther Valley Cem., | 24d. LOCATION (City, town, or county) (State) Rogersville, Missouri |
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| DATE REC'D BY LOCAL REG. 4-24-50 | REGISTRAR'S SIGNATURE W. J. Handley M.D. | MUNICIPAL DIRECTOR'S SIGNATURE Clare Goodwin ADDRESS Springfield, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Student
Student Embalmer

Signed

Juliana A. Lovell

Licensed Embalmer No. *4562*

P. O. Address *Springfield, 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.