

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED MAY 12 1948  
Registration District No. 2

Primary Registration District No. 3014

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:  
So. Water st.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution all of life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay 24

(c) City or town Liberty 2  
(If outside city or town limits, write "RURAL") 1

(d) Street No. So. Water st.  
(If rural, give location)

(e) Citizen of foreign country?  (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ADA Wilkies

3. (b) If veteran, name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3  
year 1948 hour 6 minute 30 P.

4. Sex Female 3 Color or race White

5. Color or race White

6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife John S. Wilkies

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov 12 1890  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-26-48 to 5-3-48  
that I last saw him alive on 5-2-48 and that death occurred on the date and hour stated above.

Duration 10 days

8. AGE: Years Months Days If less than one day

48 5 21 hr. min.

Immediate cause of death Respiratory Paralysis

Due to Typhoid 10 days

Due to Carcinoma of Urinary bladder 2 years

Other conditions myocarditis

9. Birthplace Liberty Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Wm Lewis

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

14. Maiden name Para Boyd

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

Major findings: B

Of operations B

Of autopsy B

PHYSICIAN B

Underline the cause of which death should be charged statistically.

16. (a) Informant Harry Jones

(b) Address Liberty Mo

17. (a) Burial (b) Date thereof 5/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Church-Anderson

(b) Address Liberty Mo

19. (a) 5-6-1948 (b) Minnie Haynes  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) - Accident, suicide, or homicide (specify) 2

(b) Date of occurrence 5-4-48

(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? 2  
While at work? (Specify type of place) (e) Means of injury 2

23. Signature J. M. Smith (M.D. or other) D. O.  
Address Liberty Mo. Date signed 5-4-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 5-10-48

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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 .....

Harold R. Smith

Registered Apprentice No. 33

working under my personal supervision.

Signed

John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty Ind

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.