

No. 2
2-45
17-59
X47070

State File No. _____
Registrar's No. 10

FILED FEB 19 1948

5781

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 miles north Oak Ridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cape Girardeau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles north Oak Ridge
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THEODORE C. WILKENING
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2nd day 6th
year 1948 hour 2 minute 7 P.M.
21. I hereby certify that I attended the deceased from 1-7-48 to 2-6-48
that I last saw him alive on 2-6-48
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Myrtle Lang Wilkening 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased April 9, 1881
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
Due to (1) Arterio-sclerosis of coronaries
Due to (2) Pulmonary Ibc
Other conditions (3) myocardial infarction
(Include pregnancy within 3 months of death)

8. AGE: Years 66 Months 9 Days 27 If less than one day hr. _____ min. _____
9. Birthplace near Oak Ridge Mo.
(City, town, or county) (State or foreign country)

Major findings: ✓
Of operations ✓
Of autopsy ✓
Duration _____
Physician _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Farming
11. Industry or business _____
12. Name William Wilkening
13. Birthplace near Oak Ridge Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hill
15. Birthplace Hardenwood Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin H. W. Sherman
(b) Address 6211 Greenwood Chicago
17. (a) Burial (b) Date thereof Feb 8, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zion Methodist Cemetery
18. (a) Signature of funeral director J. Miller
(b) Address Jackson
19. (a) 2-9-48 (b) J. D. S. Seiberson
(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) _____
(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, or public place?
Albion Estates Mo
(Specify type of place)
While at work? _____ (c) Means of injury _____
23. Signature Arthur M. Estes (M. D. or other) MD
Address Jackson Mo Date signed 2-9-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
File Number 248-24
Filed 2-18-48

MAY 4 1949

FEB 20 1948

103-103

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 *Gene C. Cawright*

Licensed Embalmer No. 4327

P. O. Address *Jackson, 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.