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X23159

Registration District No. 638

Primary Registration District No. 3028

Registrar's No. 45

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

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution:  
505 Anthony  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community always  
years, months or days

3. (a) PRINT FULL NAME ISSAC MILTON WILKINSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hattie Lodena 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb. 14 1897  
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		<u>64</u>	<u>3</u>	<u>22</u>	hr. min.

9. Birthplace Madison County (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Abraham Central Wilkinson

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

14. Maiden name Nancy Hildebrand

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

16. (a) Informant Hattie Lodena, Wilkinson

(b) Address 505 Anthony, Fredericktown

17. (a) Burial (b) Date thereof 6-8-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Valley, Madison Co

18. (a) Signature of funeral director Stanley H. Dixon

(b) Address Fredericktown Mo

19. (a) June 7-1941 (b) S. C. Slaughter  
(Date received local registrar) (Registrar's name)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 62

(c) City or town Fredericktown  
(If outside city or town limits, write "RURAL")

(d) Street No. 505 Anthony  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6  
year 1941 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Jan, 1941, to June 6, 1941;  
that I last saw him alive on June 6, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach 4 1/2 yrs.  
Hypertrophic arthritis 30 yrs.

Due to \_\_\_\_\_  
Due to Hb  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? Yes

23. Signature E. W. DeLeyere (Specify type of place) (e) Means of injury 2  
Address Fredericktown Mo Date signed 6-7-41

Duration  
Underline the cause to which death should be charged statistically.

**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

*Stanley A. Dixon*

Licensed Embalmer No. *4193*

P. O. Address *Fredericktown, Md.*

**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.**