REC'D MAY 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15044
Do not use this space.

N

1. PLACE OF DEATH
(a) County Laclede Registration District No. 449
(b) Township Primary Registration District No. 4267 Registered No.
(c) City Lebanon (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William T Wrinkles 658
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Knight
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 1860
7. AGE YEARS 77 MONTHS 6 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Unknown Wrinkle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Martha Currell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) B T Wrinkle Chilco Ill
18. BURIAL, CREMATION, OR REMOVAL PLACE Nicks Cemetery DATE Apr 24 1938
19. FUNERAL DIRECTOR (ADDRESS) E N Stewart Lebanon Mo
20. FILED 4, 23, 1938 Ja McComb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 22, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1938, to Apr. 22, 1938
I last saw him alive on April 21, 1938 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis c nephritis chronic
Date of onset
Other contributory causes of importance: 1 2 1
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. Summers, M. D.
(Address) Lebanon Mo

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(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, E. N. Stewart, Licensed Embalmer No. 1885

hereby certify that the body recorded on the reverse side of this certificate was embalmed by This Body was Not Embalm

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed E. N. Stewart

Licensed Embalmer No. 1885

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)