

DEC'D JUL 17 1938

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

21734

Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 251
(b) Township Grand River Primary Registration District No. 2350 Registered No. 8
(c) City..... (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 28 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Gordon Omer Wynne

(a) Residence, No. Daviess Co., Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXX
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1910
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 2 23

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. Agriculture
10. Date deceased last worked at this occupation (month and year) Dec. 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co., Missouri

FATHER 13. NAME Homer Wynne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co., Missouri

MOTHER 15. MAIDEN NAME Laura Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co., Missouri

17. INFORMANT Homer Wynne
(ADDRESS) R. F. D. 1 Jameson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand River Cem. DATE July 8, 1938

19. FUNERAL DIRECTOR (NAME) Hope Furn. & Und. Co
(ADDRESS) Gallatin, Missouri

20. FILED July 7, 1938 Asa T. Pugh Local Registrar. 859

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1938, to July 6, 1938
I last saw him alive on July 3, 1938. Death is said to have occurred on the date stated above, at 5:30 AM
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis 1936
Date of onset
230

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Chloroph Was there an autopsy? NO

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?.....
If so, specify.....
(Signed) Hope Furn. & Und. Co. M. D.

(Address) Gallatin, Mo.

STATEMENT BY LICENSED EMBALMER

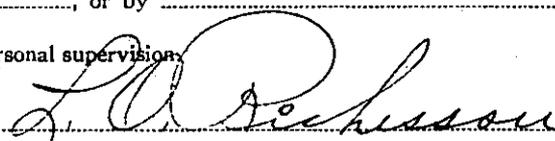
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. O. Richesson

, or by

Registered Apprentice No....., working under my personal supervision.

Signed.....



Licensed Embalmer No.: 3302

P. O. Address Gallatin, Missouri

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, above space should be left blank.