

REC'D OCT 20 1938

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

32091

Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 250
(b) Township Union Primary Registration District No. 5348
(c) City (d) Street No.
(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. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 282. PRINT FULL NAME Kenneth Charles Wynne

(a) Residence, No. Daviess Co., Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>xxx</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 5, 1938</u>		
7. AGE YEARS	MONTHS	DAYS
		IF LESS than 1 day, hrs. or min. <u>3</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>xxx</u>	
	10. Date deceased last worked at this occupation (month and year) <u>xxx</u>	11. Total time (years) spent in this occupation. <u>xxx</u>
FATHER	12. BIRTHPLACE (CITY OR TOWN). <u>Daviess Co., Missouri</u>	
	13. NAME <u>Forrest C. Wynne</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN). <u>Daviess Co., Missouri</u>	
	15. MAIDEN NAME <u>Frances Johnson</u>	
16. BIRTHPLACE (CITY OR TOWN). <u>Daviess Co., Missouri</u>		
17. INFORMANT <u>Forrest C. Wynne</u> (ADDRESS) <u>Gallatin, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grand River Cem.</u> DATE <u>Sept. 8, 1938</u>		
19. FUNERAL DIRECTOR (NAME) <u>Hope Furn. & Undt. Co.</u> (ADDRESS) <u>Gallatin, Mo.</u>		
20. FILED <u>Sept. 8, 1938</u> <u>R. G. Hope</u> Local Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1938, to Sept 7, 1938
I last saw him alive on Sept 7, 1938 Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

Asphyxia - (1) Date of onset Sept 8

Other contributory causes of importance:

Prematurity Date of onset Sept 15

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?

(Signature) Edward Lewis, 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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.