

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.

REC'D JUL 17 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

21833
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 163
 (b) Township Eldorado Primary Registration District No. 4095
 (c) City Eldorado (d) Street No. 44 Registered No. 44
 (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

(a) Residence, No. 520 Velda M Wynes 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 Female 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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-5-1921
 7. AGE YEARS 18 MONTHS 1 DAYS 21 If LESS than 1 day, _____ hrs. _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. school
 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) Mo. O.

13. NAME George W Wynes
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. O.

15. MAIDEN NAME Lulu Simmons
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. O.

17. INFORMANT (ADDRESS) George W Wynes
Eldorado Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eldorado Springs DATE 6/27/39

19. FUNERAL DIRECTOR (ADDRESS) Swiss-Bidess
Eldorado Springs, Mo.

20. FILED 7-5-1939 J. W. Dawson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-26-1939

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1939, to June 26, 1939
 I last saw him alive on June 26, 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetic Mellitus

Date of onset

100 days
diabetes
10 years

Other contributory causes of importance:

Unknown

Name of operation None Date of _____
 What test confirmed diagnosis? Clin. Diag. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. W. Richardson, M. D.

154 (Address) W. H. Griffin Mo.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1026

Date Filed 7-13-39

STATEMENT BY LICENSED EMBALMER

I, M. Quinn, Licensed Embalmer No. 2034

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

M. Quinn

Licensed Embalmer No. _____

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.)