

Registration District No. 250Primary Registration District No. 4150Registrar's No. 31

1. PLACE OF DEATH:

(a) County Daviess
 (b) City or town Gallatin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 in this community 14 years years, months or days)

3. (a) PRINT FULL NAME Rebecca Wynne 5003. (b) If veteran, name war -- 3. (c) Social Security No. --4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased December 13 1847
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
91 11 10 hr. min.9. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation At Home11. Industry or business Own Home12. Name Joseph Caraway13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)14. Maiden name Mary Kipper
15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Rich Caraway(b) Address Gallatin, Missouri17. (a) Burial (b) Date thereof 11-26-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ketron Cemetery18. (a) Signature of funeral directors Hope Turn. & Undert. Co.(b) Address Gallatin, Missouri19. (a) Nov. 24, 1939 (b) H. G. Hope
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess(c) City or town Gallatin
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23
year 1939 hour 5 minute 10 P. M.21. I hereby certify that I attended the deceased from
Nov. 23, 1939 to Nov 23, 1939;
that I last saw her alive on Nov. 23, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Senility Duration
No disease

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____28. Signature L. P. Doolin (M. D. or other) _____Address Hellatin Mo. Date signed 11-24-39

DEC 21 1939

Station

District File Number

Date Filed

1239-1785

DEC 10 1938

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

L. O. Richesson

Licensed Embalmer No.

3302

P. O. Address

Gallatin, Mo.

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.