

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.

1939 DEC 27 1939

Registration District No. _____ Primary Registration District No. 4211

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Wendson
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 8 yr. years, months or days

3. (a) PRINT FULL NAME Emma Wingate
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe 5. Color or face wh
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 10 17 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Richard Stewart
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Rozzie Albright
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____
(b) Address _____

17. (a) burial (b) Date thereof 12-3-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warsaw Mo

18. (a) Signature of funeral director Fred Wetteman
(b) Address Clinton Park 219

19. (a) Dec 6-39 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Rural Wendson
(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 12 day 1
year 1939 hour 12 minute 20 M.
21. I hereby certify that I attended the deceased from Nov 26
1939, to Nov 26, 1939
that I last saw her alive on Nov 26
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Old age
Due to stroke
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 _____
23. Signature D. A. Palla (D. or other) _____
Address Calhoun Date signed 12/1/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 7;

District File Number 12-39-1724

Date Filed 12-13-39

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 Fred L. Wickman

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.