

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43558
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391
 (b) Township Arcadia Primary Registration District No. 55th
 (c) City Baptist Home (d) Street No. Baptist Home 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John C. Wyncoop

(a) Residence, No. Arcadia Mo. 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Wyncoop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 1 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
 9. Industry or business in which work was done, as saw mill, bank, etc. general store
 10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta Ill

13. NAME John Wyncoop

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Lydia Yates

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Baptist Home records (ADDRESS) Ironton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mountain View Ma. 12/13, 1939

19. FUNERAL DIRECTOR (NAME) Norman White & Sons (ADDRESS) W. White Ironton Mo.

20. FILED Dec 12, 1939 R. A. Rauber Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1937, to Dec. 11th, 1939
 I last saw him alive on Dec. 11th, 1939. Death is said to have occurred on the date stated above, at 10.00P
 The principal cause of death and related causes of importance were as follows:

Date of onset 11/11/39
Cerebral Hemorrhage
9562
 Other contributory causes of importance: Hypertension Heart Disease?

Name of operation none Date of not
 What test confirmed diagnosis? Phys. exam. 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? no
 If so, specify _____
 (Signed) R. C. Westland, M. D.
 (Address) Ironton Mo.

I X16605
 WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 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.

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.....

Ronald White

Licensed Embalmer No.

8012

P. O. Address.....

Boston, Mass

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.