

JAN 3 5 1940

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

44979
Do not use this space.

1. PLACE OF DEATH *Webster* 2
(a) County..... Registration District No. *898*
(b) Township..... *Jackson* 1 Primary Registration District No. *6205*
(c) City..... (d) Street No..... Registered No. *4*
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 *Armande Wynman*
(a) Residence, No. 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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *Morgan Wynman*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 10 - 1866*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 0 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. *Housewife*
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.*

FATHER 13. NAME *No Record*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *" "*

MOTHER 15. MAIDEN NAME *Polly Fields*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *No Record*

17. INFORMANT (ADDRESS) *J. M. Bass*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Timber Ridge* DATE *Sept. 25, 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *McMahon Funeral Service*
Marketfield Mo

20. FILED *Sept 30 1939* *E. M. Barclay*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 24, 1939*
22. I HEREBY CERTIFY, That I attended deceased from *Aug. 10, 1939, to Sept. 24, 1939*, 1939
I last saw her live on *Sept 20, 1939* Death is said to have occurred on the date stated above, at *3:30 P. M.*
The principal cause of death and related causes of importance were as follows:

*Cerebral hemorrhage
hypertension atherosclerosis*

Other contributory causes of importance:

*Renal disease
nephritis chronic*

Name of operation Date of
What test confirmed diagnosis? 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) *E. M. Barclay*, M. D.
(Address) *Elkhead Mo*

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.

RECEIVED

District Health Officer No. 6,

District File Number 140-240

Date Filed JAN 12 1940

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 comply with the above constitutes grounds for revocation of license.)

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