No. 2
1-10-39
-17-39
APR 23 1940
5

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12659

Registration District No. 852 Primary Registration District No. ~~852~~ 6124 Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan

(b) ~~City or town~~ Jackson Twp. Rural
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — 2 (Specify whether years, months or days)

In this community 40 years 530

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. Route #2, Pollock, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Pearl Wyant

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband ~~or wife~~ John Wyant

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan. (Month) 30 (Day) 1900 (Year)

8. AGE: Years 40 Months 1 Days 2 If less than one day ___ hr. ___ min.

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

10. Usual occupation at home on farm.

11. Industry or business —

FATHER
12. Name James Burkhart.
13. Birthplace Sullivan Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Melissa Smith
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant John Wyant
(b) Address Pollock, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 4 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Campbell Cem. Pollock

18. (a) Signature of funeral director C. Ofchoene
(b) Address Milan, Mo.

19. (a) April 1940 (Date received local registrar) (b) Cleo Hagan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1940 hour 9 minute 30 p.M.

21. I hereby certify that I attended the deceased from Feb. 29, 1940 ~~Mar. 2~~, 1940, to Mar. 2, 1940 that I last saw her alive on Feb. 29, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diphtheria (Possibly	0 da
Due to Membranes in Larynx	
Due to	
Other conditions Flu (Include pregnancy within 3 months of death)	1 wk

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? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature J. C. Roberts (M. D. ~~or other~~)
Address Pollock, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-40-795
Date Filed APR 10 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 Frank D. Schoene, Registered Apprentice No. 2016 working under my personal supervision.

Signed Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milan, Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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