

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15781

State File No. \_\_\_\_\_

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Rolla  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Waller M. Jarland Memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME Wanda Lee Edna

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 8, 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 3 hr. 1 min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Harriet Edna  
13. Birthplace Book Station Mo (City, town, or county) (State or foreign country)  
14. Maiden name Leona Warner  
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Wanda Edna  
(b) Address Rolla Mo

17. (a) Burial (b) Date thereof May 9, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
ROLLA  
(c) Place: burial or cremation Rolla Mo

18. (a) Signature of funeral director Wanda Edna  
(b) Address Rolla Mo

19. (a) May 9, 1940 (b) Jos. F. Dyles  
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps  
(c) City or town Rolla  
(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 May day 8  
year 1940 hour 20 minute 05 P.M.

21. I hereby certify that I attended the deceased from May 8, 1940 to May 8, 1940 that I last saw him alive on May 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death atletaric Duration 3 hrs

Due to Primitiv birth

Due to not know

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
15A

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? \_\_\_\_\_

23. Signature W. L. Brewer (M. D. or other) \_\_\_\_\_  
Address St James, Mo Date signed 5/9/40

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

81  
2  
1

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.....

RECEIVED  
working under my personal supervision.

District Health Officer No. -5,

Signed.....

District File Number 570 584

Licensed Embalmer No.....

Date Filed 5/24/00

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.