

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3942

State File No.

Registration District No. 12

Primary Registration District No. 4427

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Richland, Missouri  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital of institution Life -  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Clemmons Wyrick

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

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

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

7. Birth date of deceased Sept 19 1856  
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 6 If less than one day                      hr.                      min.

\*9. Birthplace Tuscomb, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business                     

12. Name Nelson Wyrick

13. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Wyrick

15. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Lucy Scrimpscher

(b) Address Richland, Missouri

17. (a) Burial (b) Date thereof 1/26/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation                     

18. (a) Signature of funeral director                     

(b) Address Richland, Mo

19. (a) Jan 25/941 (b) Coat A. Oliver  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski  
(c) City or town Richland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.                      years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25  
year 41 hour 3 minute A M.

21. I hereby certify that I attended the deceased from 1-20- 1941 to 1-24- 1941  
that I last saw him alive on 1-24- 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to fractured hip 4 days  
right

Due to concur skin right hand 3 days

Other conditions                       
(Include pregnancy within 3 months of death)

Major findings: Of operations                     

Of autopsy not

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) fractured hip

(b) Date of occurrence 1-20-41

(c) Where did injury occur fall in bedroom  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 640 Home

While at work? no (Specify type of place) (e) Means of injury none

23. Signature R. Howell (M. D. or other) P

Address Richland Date signed 1-30-41

RECEIVED

District Health Officer No. 5,

District File Number 241222

Date Filed \_\_\_\_\_

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 \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 3198

P. O. Address Richland 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, fact should be so stated above.