

FILED NOV 18 1941

Registration District No. **50**

Primary Registration District No. **3004**

Registrar's No. **72**

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

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Butler Mo. B.A.  
(c) Name of hospital or institution:  
514 N. Main  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
In this community 3 weeks  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ethel May Wyse

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

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

6. (b) Name of husband or wife William Alfred Wyse 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased April 23 1885  
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 12 If less than one day hr. min.

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

10. Usual occupation Home Wife

11. Industry or business

12. Name Alonza Logan, Pipes

13. Birthplace Lebanon Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Beatrice Shepherd

15. Birthplace Elizabethtown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Dunn

(b) Address 14 West 66 St N.C. Mo

17. (a) Burial (b) Date thereof 11-7-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler Mo.

18. (a) Signature of funeral director Breath & Sif

(b) Address Adrian Missouri

19. (a) Nov 7 1941 (b) Nina L. Enders  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7  
(c) City or town Adrian 0  
(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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5  
year 1941 hour 6 minute 05 P.M.

21. I hereby certify that I attended the deceased from Oct 16, 1941, to Nov 5, 1941, that I last saw her alive on Nov 5, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death

Hemorrhagic Purpura

Due to

Permicious

Other conditions Anemia  
(Include pregnancy within 3 months of death)

Major findings:

Of operations 1720

Of autopsy

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) (e) Means of injury

While at work

28. Signature Adrian Missouri (M. D. or other)

Address Butler Mo Date signed 11/10/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

NOV 21 1941

DEC 6 1941

NOV 17 1941

**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 and  
Fred I. Creath # 3343, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 3650

P. O. Address Adrian 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, above space should be left blank.