

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

35850

FILLED NOV 18 1941

Registration District No. 727

Primary Registration District No. 5959

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Rural (Saltriver Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Perry, Missouri R. F. D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 Yrs.
years, months or days

3. (a) PRINT FULL NAME Floy Wolfembarger.

8. (b) If veteran,
name war _____

3. (c) Social Security
No. None.

4. Sex Female
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 October, 27, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 0 2 _____ hr. _____ min.

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

10. Usual occupation Schoolteacher.

11. Industry or business Teaching School.

MOTHER FATHER { 12. Name R. A. Wolfembarger.
13. Birthplace Frankford / West Virginia.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Sallings
(City, town, or county) (State or foreign country)

15. Birthplace Frankford W / West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Henry Dye

(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof Oct. 31, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lick Creek Cemetery.

18. (a) Signature of funeral director Olyda W. Wiley

(b) Address Perry, Missouri.

19. (a) 10-3-41 (b) Olyda W. Wiley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Rural (Saltriver Township)
(If outside city or town limits, write "RURAL")
(d) Street No. Perry, Missouri R. F. D.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th
year 1941 hour 2:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from July 30, 1941
to Oct 29, 1941
that I last saw her alive on Oct 27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral aneurysm Duration 2 1/2 yrs

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature John E. Brown (M. D. or other) _____

Address Perry, Missouri Date signed 11/30/41

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1944

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

Clyde W. Wilkey, Registered Apprentice No. _____
working under my personal supervision.

Signed

Clyde W. Wilkey

Licensed Embalmer No.

3820

P. O. Address

Perry 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.