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4-41  
7-39  
K26390

DEC 17 1941

State File No. ....

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Wickliffe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Community Nursing Home #4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 year 4 mo  
(Specify whether years, months or days)  
In this community 1 year 4 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Grundy 30  
(c) City or town Galt  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME SARAH E. WOLGAMOTT

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

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife. ....  
6. (c) Age of husband or wife if alive. .... years  
7. Birth date of deceased Nov 28 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 5  
If less than one day hr. .... min.

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

10. Usual occupation housewife

11. Industry or business. ....

MOTHER { 12. Name John Snapp  
13. Birthplace Smith Co Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan Anderson  
15. Birthplace Smith Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs S A Brittan

(b) Address Spickard mo  
17. (a) Burial (b) Date thereof Nov 4 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Grove

18. (a) Signature of funeral director R K Payne

(b) Address Galt mo

19. (a) Dec 3 1941 (b) M. J. Wanner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2  
year 1941 hour 1 minute 11 A. M.

21. I hereby certify that I attended the deceased from June 22 1941 to Dec 2 1941  
that I last saw him alive on Dec 2 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure Duration 8 hrs  
Due to Chronic myocarditis

Due to Hypertension

Other conditions Cerebral hemorrhage 27 days  
(Include pregnancy within 3 months of death)

Major findings: Of operations 938  
Of autopsy 938  
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 fall

23. Signature M. T. Gutentohn (or other) F. De  
Address Wickliffe, mo Date signed Dec 2 1941

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

1049

Dec 2 1941

JAN 19 1942

JAN 16 1942

RECEIVED

District Health Officer No. 10

District File Number 12-41-2172

Date Filed DEC 15 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.