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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 16 1941

Registration District No. 449

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38645

Primary Registration District No. 4267

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Lebanon Tow

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wallace Memorial (1)

(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 days

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden 15

(c) City or town Barnumton 0

(If outside city or town limits, write "RURAL")

(d) Street No. Gen Del

(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME James Martin Wry

3. (b) If veteran, name war .....

3. (c) Social Security No. none

4. Sex Male (1)

5. Color or race wht

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Golda Wry

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

7. Birth date of deceased Feb (Month) 12 (Day) 1869 (Year)

8. AGE: Years 72 | Months 9 | Days 5 | If less than one day ..... hr. ..... min.

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

10. Usual occupation farmer & labor

11. Industry or business

FATHER
12. Name John W Wry
13. Birthplace ..... (City, town, or county) Y.D.K. (State or foreign country)

MOTHER
14. Maiden name Martha Jane Carver
15. Birthplace ..... (City, town, or county) Y.D.K. (State or foreign country)

16. (a) Informant Tansey Louise Wry

(b) Address Barnumton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/41 (Month) (Day) (Year)

(c) Place: burial or cremation Clark Cem.

18. (a) Signature of funeral director Bankson-Woolery

(b) Address Camdenton Mo

19. (a) 11-28-41 (Date received local registrar) (b) J A McCourt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17

year 1941 hour 10 minute 15 A M.

21. I hereby certify that I attended the deceased from Nov., 15 1941 to Nov., 17 1941

that I last saw him alive on Nov., 17 1941

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Basal skull fracture	2 das
Due to: car accident	2 das
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

170 C 8

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) car accident

(b) Date of occurrence Nov. 15, 1941 0 15

(c) Where did injury occur? 6 mi N. Camdenton, Camden Co. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on highway #5 (Specify type of place)

While at work? no (e) Means of injury wreck.

23. Signature James L. Hope, (M. D. or other)

Address Lebanon, Mo. Date signed 11/18/41

(Licensed Embalmer's Statement on Reverse Side)

Laclede County Unit

Co. File # 12-41-10

Date Filed 12-11-41

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 Abbie Bankson Wooler

Licensed Embalmer No. 2488

P. O. Address Camdenton Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.