

FILED FEB 4 1942
218

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 18

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

1. PLACE OF DEATH: Cooper,
 (a) County Cooper,
 (b) City or town Bonnyville, Wyo.
 (c) Name of hospital or institution: St Joseph
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 45
 (a) State Missouri. (b) County Howard,
 (c) City or town Bonnyville, Fayette,
 (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.? _____ years.

3. (a) PRINT FULL NAME Alice B. Innes,

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 28
 year 1942 hour 10 minute P M.

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

21. I hereby certify that I attended the deceased from Jan 28 1942 to Jan 28 1942
 that I last saw her alive on Jan 28 1942
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,

Immediate cause of death: Myocardial failure Duration 28 hrs.

6. (b) Name of husband or wife John G. Innes, 6. (c) Age of husband or wife if alive _____ years

Due to Bronchitis, chronic 20 yrs
Pneumonia, fibrous 20 yrs
 Due to Nephritis, chronic ?

7. Birth date of deceased July 15th 1873
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>6</u>	<u>12</u>	hr. _____ min. _____

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

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

Major findings: None 1318
 Of operations _____
 Of autopsy None
 Underline the cause to which death should be charged statistically.

10. Usual occupation At Home.

11. Industry or business _____

12. Name George J. Winn,

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

14. Maiden name Francis A. Pitt,

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

16. (a) Informant Elmo Innes,

(b) Address Fayette, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29th 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge,

18. (a) Signature of funeral director Guy T. Halley.

(b) Address Fayette, Mo.

19. (a) 1-29-42 (Date received local registrar) (b) Dr. Chas. Snaps. (Registrar's signature)

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 (D)

23. Signature [Signature] (M. D. or other) (M.D.)
 Address Bonnyville Mo Date signed 2/28/42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-2-42.....

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..... Guy T. Hallen.....

Licensed Embalmer No. 2966.....

P. O. Address Jayette Md.....

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.