

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 11 1942

Registration District No. 296

Primary Registration District No. 4233 5552 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Levasy ~~South~~ <sup>South</sup>  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: her own home  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution X  
(Specify whether years, months or days)  
 In this community 60 yrs.

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson <sup>48</sup>  
 (c) City or town Levasy  
(If outside city or town limits, write "RURAL")  
 (d) Street No. none  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? no <sup>7</sup> years.

3. (a) PRINT FULL NAME Mary Jane Wynn  
 3. (b) If veteran, no name war \_\_\_\_\_  
 3. (c) Social Security No. X

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 26  
 year 1942 hour 7: minute 30 AM M.

4. Sex Fe / 5. Color or race wh  
 6. (a) Single, widowed, married, divorced M  
 6. (b) Name of husband or wife Dolan Wynn  
 6. (c) Age of husband or wife 62 years  
 7. Birth date of deceased: Nov. 21 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 15, 1941, to 20, 1942, that I last saw her alive on Jan 10, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 2 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Levasy Missouri <sup>(1)</sup>  
(City, town, or county) (State or foreign country)

Immediate cause of death pneumonia  
 Due to Carcinoma of Rectum

10. Usual occupation Housewife  
 11. Industry or business \_\_\_\_\_  
 12. Name Alexander Summerville  
 13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Anne Bryant  
 15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: Of operations H&D  
 Of autopsy \_\_\_\_\_

16. (a) Informant Mr. Dolan Wynn  
 (b) Address Levasy Mo.  
 17. (a) Buckner Cem. (b) Date thereof 2-2-42  
(Burial, cremation, or other disposal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Buckner Cem.  
 18. (a) Signature of funeral director V. M. Rappert  
 (b) Address Buckner Missouri  
 19. (a) Jan 26 1942 (b) V. M. Rappert  
(Date received local registrar) (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? \_\_\_\_\_  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury J

23. Signature S. W. Higgins M. D. <sup>Dr.</sup>  
 Address Buckner Mo. Date signed Jan 26 1942

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

