. S. No. 2
M—1-4-41
. 5-17-39
P I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 28 1942

Registration District No. 598

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 43-55

State File No. 2965

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County: Morgan

(b) City or town: Rural - Moreau twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Morgan County Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 7 days (Specify whether years, months or days)

In this community: Appr 10 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Morgan 71

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: County Home - Moreau twp. 0
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME: Lucy Wyrick Rankin

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: James Rankin

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

7. Birth date of deceased: June (Month) 5 (Day) 1868 (Year)

8. AGE: Years 72 Months 9 Days 10 If less than one day ..... hr. ..... min.

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

10. Usual occupation: 0

11. Industry or business: Housewife

FATHER
12. Name: John Wyrick
13. Birthplace: ..... (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name: Diana Blue
15. Birthplace: Miller County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs Sloficia Martin
(b) Address: Kansas City, Kans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation: Eldon Cemetery

18. (a) Signature of funeral director: W. F. Kidwell
(b) Address: Versailles, Mo

19. (a) 11-2-41 (Date received local registrar) (b) Will F. Berry Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1941 hour 2:15 minute P. M.

21. I hereby certify that I attended the deceased from Feb 15, 1937, to March 15, 1941; that I last saw him alive on March 14, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	2 Mo.
Due to: Previous hemorrhage Dec 1940	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 426	
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: J. L. Washburn (M. D. or other) MD
Address: Versailles Mo Date signed: 3/17/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 12-41-2210
Date Filed 1-15-42

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 Gene Bartram
Licensed Embalmer No. 4021
P. O. Address Versailles, 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, fact should be so stated above.