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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Vinyard 4368

State File No.

Registrar's No. 267

APR 28 1948

Registration District No.

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Three Weeks (Specify whether
In this community Three Weeks years, months or days)

3. (a) PRINT FULL NAME John Wynn

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

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec 6 1859 years (Day) (Year)

8. AGE: Years 83 Months 6 Days 27 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name John Wynn
13. Birthplace Unknown Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Ersa Ray
15. Birthplace Unknown Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Rippee
(b) Address Hartville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Hartville, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 4343 (Date received local registrar) (b) Dr. W. E. Handley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Hartville 0
(If outside city or town limits, write "RURAL.")
(d) Street No. Route # 4 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1948 hour 11 minute 3 M.

21. I hereby certify that I attended the deceased from 3-12-48 to 4-3-48
that I last saw him alive on 4-3-48 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 30 min.
Due to Prostatic Hypertrophy 10 yr
Due to Stone in Bladder 1 yr
Other conditions Divertericulum Bladder ?
(Include pregnancy within 3 months of death)

Major findings: Stone in bladder PHYSICIAN
Prostatic Hypertrophy Underline the cause to which death should be charged statistically.
Of autopsy 94 a

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 Dr. W. E. Handley (M. D. or other) 4-5-48
Address Springfield Mo Date signed

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

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

Walter E. Hamelton

Licensed Embalmer No.

3808

P. O. Address

Springfield, 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.