

No. 2
5-42
17-39
X32873

State File No.

FILED FEB 20 1944

Registration District No.

Primary Registration District No. 5793

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau Gandy Hook
(b) City or town Gandy Hook
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau
(c) City or town Jamestown Rural
(d) Street No. 1
(e) Citizen of foreign country? No
If yes, name country.....

3. (a) PRINT FULL NAME Margaret Elizabeth Wynn
(b) If veteran, name war.....
(c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7th day Jan
year 1944 hour 6:00 minute 0 M.
21. I hereby certify that I attended the deceased from 10-6-39
to 1-4-44, 19....., to 1-4-44, 19.....
that I last saw her alive on 1-4-44, 19.....
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 Single
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Jan 28 1890
(Month) (Day) (Year)

Immediate cause of death apoplexy
Due to Hypertension
Other conditions 830
Major findings: ✓
Of operations ✓
Of autopsy ✓

8. AGE: Years Months Days If less than one day
63 11 8 ..hf.min.

9. Birthplace Jamestown (City, town, or county) (State or foreign country) 0

10. Usual occupation Home keeper

11. Industry or business.....

MOTHER FATHER
12. Name Charles Wynn
13. Birthplace Switzerland (City, town, or county) (State or foreign country) 5
14. Maiden name Pauline Tess
15. Birthplace Louisiana (City, town, or county) (State or foreign country) 1

16. (a) Informant S. E. Wynn
(b) Address Sandy Hook Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 1 9 1944
(Month) (Day) (Year)
(c) Place: burial or cremation Method Cemetery

18. (a) Signature of funeral director Chas C. Fullbright
(b) Address Jamestown Mo

19. (a) Jan 10 1944 (b) W. H. Bentzsch
(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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? ✓ (Specify type of place) (z) Means of injury ✓
23. Signature W. H. Bentzsch (M.D. or Other) D.O.
Address Jamestown Date signed 1-8-44

Duration
<u>3 da.</u>
<u>✓</u>

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

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

JAN 3 1944

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 Hugh E. Wallace
Licensed Embalmer No. 3627
P. O. Address California 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.