

1-5-43  
5-17-39  
1 X38671

FILED JUL 13 1944

Registration District No. **31**

Primary Registration District No. **5107**

1. PLACE OF DEATH:  
 (a) County **Benton**  
 (b) City or town **Rt #2, Windsor, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1**  
(Specify whether years, months or days)  
 In this community **46 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Benton**  
 (c) City or town **Rt. #2, Windsor, Mo.**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **Rural**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country **no**

3. (a) PRINT FULL NAME **Jacob A. Wyre**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Mattie Montanya**  
 6. (c) Age of husband or wife if alive **64** years  
 7. Birth date of deceased **December 7, 1869**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **5** Days **8**  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **Unknown**  
 13. Birthplace **N. Carolina**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Rachel Collet**  
 15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J.A. Wyre**

(b) Address **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof **5-10-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Mo.**

18. (a) Signature of funeral director **Huston-Turner**  
 (b) Address **Windsor, Mo.**  
 19. (a) **July 1-1944** (b) **Daniel Hanna**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **May** day **15th**  
 year **1944** hour **10** minute **0** p. m.  
 21. I hereby certify that I attended the deceased from **Jan 1944** to **July 13, 1944**  
 that I last saw him alive on **May 15, 1944**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Acute hepatitis**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **acute hepatitis**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **33a**

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)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature **J. A. Hanna** (M. D. or other) \_\_\_\_\_  
 Address **Windsor, Mo.** Date signed \_\_\_\_\_

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

MOTHER, FATHER

1341

7-5-44

RECEIVED

District Health Officer No. 71

District File Number 6-44-832

Date Filed 7-12-44

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 Edell Kuntz

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.