

FILED OCT 11 1944

Registration District No. _____

Primary Registration District No. 3045

Registrar's No. 125

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Marionville Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether)

In this community 5 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County North

(c) City or town Wath Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ollie Bell Wynn

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7
year 44 hour _____ minute 00 M.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Bill Wynn

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Jan 9 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-7-44 to 9-7-44, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Chr. myocarditis

8. AGE: Years 75 Months 7 Days 28 hr. _____ min. _____

9. Birthplace Bentley County Mo
(City, town, or county) (State or foreign country)

Due to fracture of left femur

Due to arterio sclerosis

Other conditions 1869
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Bentley Justus

13. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Stafford

15. Birthplace Bentley County Mo
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

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

16. (a) Informant Bill Wynn

(b) Address North Mo

17. (a) Removed (b) Date thereof Sept 7 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Vernon Mo

18. (a) Signature of funeral director Haze Andrews

(b) Address North Mo

19. (a) Sept-7-44 (b) Ullie Barber
(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) fell down in home of Alex Spector

(b) Date of occurrence 2-2-44

(c) Where did injury occur? 2-44 Adkinson
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature M. D. or other
Address Warrensburg Date signed 9-7-44

1847

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.....

Haze Andrews....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Haze Andrews*.....
Licensed Embalmer No. *2892*.....
P. O. Address..... *North 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.