V. S. No. 2
100M—5-43
Rev. 5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24489

FILED JUL 27 1945

Registration District No. 2111 Primary Registration District No. 5779 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Miller Co.

(b) City or town Rural - Franklin Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 Mi So of Eldon
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller Co.

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

(d) Street No. 2 mi So. of Eldon
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Hester - Jane - Wrye

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Samuel G. Wrye

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

7. Birth date of deceased August (Month) 3 (Day) - 1872 (Year)

8. AGE: Years 72 Months 10 Days 6 If less than one day — hr. — min.

9. Birthplace unknown (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

FATHER
12. Name Michael Scoby
13. Birthplace Unknown (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Hester Cobble
15. Birthplace unknown (City, town, or county) Ky (State or foreign country)

16. (a) Informant Pete Wrye
(b) Address Eldon - Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation Eldon Cem

18. (a) Signature of funeral director Keith McKays
(b) Address Eldon Mo

19. (a) 6-12-45 (Date received local registrar) (b) [signature] (Registrar's signature)

1114

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1945 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from 6/5 1945 to June 9th 1945
that I last saw her alive on June 9th 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Bloc	Sudden
Due to Chronic Myocarditis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
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 G. D. Walker (M. D. or other)
Address Eldon Mo Date signed 6/11/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't
County File Number 61-45
Date Filed 6-5-45

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 Keith M Kayl

Licensed Embalmer No. 3998

P. O. Address Eldon 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.