

FILED FEB 8 1946

Registration District No. 52

Primary Registration District No. 3006

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
214 Thilly Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community 5 Months  
years, months or days)

3. (a) PRINT FULL NAME ETHEL KEPLINGER WYLDER

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 2 - 16 - 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>11</u>	<u>14</u>	hr. _____ min.

9. Birthplace Jacksonville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER, FATHER {  
12. Name J.L. Wylder  
13. Birthplace Greenfield Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Ellen Keplinger  
15. Birthplace Carlinville Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dan G. Stine  
(b) Address 214 Thilly Ave., Columbia, Mo.

17. (a) Removal (b) Date thereof 1-31-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jacksonville, Ill.

18. (a) Signature of funeral director Parson Funeral Service  
(b) Address Columbia, Mo.

19. (a) 1-30-46 (b) Mrs. R.E. Palmer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Morgan 999  
(c) City or town Jacksonville 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No) 21  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30  
year 1946 hour 4 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Oct 20  
1945 to Jan 30, 1946  
that I last saw her alive on Jan 30, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death of left coronary artery Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 496

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? \_\_\_\_\_

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

23. Signature Walter J. ... (M. D. or other) MD  
Address ... Date signed 1/30/46

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

079

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-7-46

OCT 14 1946

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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..... Tom. M. Harg .....

Licensed Embalmer No. 4067 .....

P. O. Address Columbia 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.**