S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

DR. ALLEN

State File No. 8465

FILED APR 5 1946

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 156

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

1. PLACE OF DEATH:
(a) County BATES
(b) City or town RICH HILL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 310 S. 8th ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 18 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County BATES
(c) City or town RICH HILL
(If outside city or town limits, write "RURAL")
(d) Street No. 310 S. 8th ST.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME IDA JANE WYANT.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, divorced, married, M
6. (b) Name of husband or wife CHAS. WYANT.
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased OCT 20 1867 (Month) (Day) (Year)
8. AGE: Years 78 Months 4 Days 18 If less than one day hr. min.
9. Birthplace PLEASANTON (City, town, or county) KANS. (State or foreign country)
10. Usual occupation HOUSEWIFE.
11. Industry or business
FATHER 12. Name PETER POFF.
13. Birthplace KENTUCKY (City, town, or county) UNKNOWN (State or foreign country)
MOTHER 14. Maiden name POLLY ANN CYRUS
15. Birthplace PLEASANTON (City, town, or county) KANS. (State or foreign country)
16. (a) Informant GLADYS EMO
(b) Address WICHITA KANS.
17. (a) (Burial, cremation, or removal) (b) Date thereof 3-13-1946 (Month) (Day) (Year)
(c) Place: burial or cremation PLEASANTON, KANS.
18. (a) Signature of funeral director Booth
(b) Address RICH HILL, MISSOURI.
19. (a) 3-13-1946 (Date received local registrar) (b) Mrs. Edna Douglass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 10TH year 1946 hour 2 minute 50 P.M.
21. I hereby certify that I attended the deceased from March 15 1946 to March 10 1946 that I last saw him alive on March 10 1946 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Due to
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 (M. D.)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

21

RECEIVED
Di[illegible] Office No. 7,
[illegible] No. 7,
[illegible] 3-46-282
Date Filed 4-4-46

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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Butler 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.