No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13828

FILED MAY 1 1946

Registration District No. 111 2 — Primary Registration District No. 5709 — Registrar's No.

1. PLACE OF DEATH:

(a) County: McDonald

(b) City or town: Rural, Erie TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Anderson MO, R.F.D. #3 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO. (b) County: McDonald

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

(d) Street No.: Anderson MO, R.F.D. #3
(If rural, give location)

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

3. (a) PRINT FULL NAME: Robert Madison Wylie

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: Esther Wylie

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: March (Month) 23 (Day) 1867 (Year)

8. AGE: Years 78 Months 10 Days 23 If less than one day: hr. min.

9. Birthplace: (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

FATHER
12. Name: Andrew Wylie
13. Birthplace: (City, town, or county) VA (State or foreign country)

MOTHER
14. Maiden name: Lucy Cummings
15. Birthplace: (City, town, or county) IND (State or foreign country)

16. (a) Informant: Esther Wylie
(b) Address: Anderson MO, R.F.D. #3.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-18-1946 (Month) (Day) (Year)
(c) Place: burial or ~~removal~~: Tracy Cemetry

18. (a) Signature of funeral director: Chas. E. Williams
(b) Address: Goodman MO.

19. (a) 3/28/46 (Date received local registrar) (b) Mrs. Fred W. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 16 year: 1946 hour: 2 minute: 40 P.M.

21. I hereby certify that I attended the deceased from February 9th, 1946, to February 13th, 1946; that I last saw him alive on February 13th, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy — Duration: Unknown

Due to: Arteriosclerosis

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: [illegible] D.O. (M.D. or other)
Address: Anderson MO Date signed: 2/19/46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.