V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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. 27688

FILED SEP 14 1946

Registration District No. 1071 Primary Registration District No. 3040 Registrar's No. 99

1. PLACE OF DEATH:

(a) County: Livingston
(b) City or town: Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Livingston
(c) City or town: Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. Elm at Third Streets
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Clyde Wimmer
3. (b) If veteran, name war: None
3. (c) Social Security No. None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Charles Wimmer (d)
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September (Month) 5 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
70	11	20	hr. min.

9. Birthplace: Livingston County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation:
11. Industry or business: At Home

MOTHER FATHER

12. Name: Joseph Stone
13. Birthplace: Livingston County (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Unknown Hedrick
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Will Steele
(b) Address: R. F. D. Chillicothe, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-28-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Edgewood Cemetery
18. (a) Signature of funeral director: F. B. Norman Funeral Home
(b) Address: Chillicothe, Mo.
19. (a) Aug. 28-46 (Date received local registrar) (b) Frances B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th year 1946 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from Aug 24 1946 to Aug 25 1946 that I last saw her alive on Aug 25 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion — Duration: 20 days
Due to: Do not know — Duration: ?
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 0
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: 0

23. Signature: [illegible] (M. D. or other)
Address: Chillicothe Mo. Date signed: 8/28/46

(Licensed Embalmer's Statement on Reverse Side)

OCT 18 1946

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elton F. Norman.

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.