

No. 2
M-5-43
5-17-39
1 X26671

FILED NOV 19 1946
Registration District No. 227

Primary Registration District No. 5793

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

1. PLACE OF DEATH:
(a) County MONITEAU
(b) City or town RURAL WINN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINTED FULL NAME LAWRENCE WYSS
(b) If veteran, name WORLD WAY
(c) Social Security No. _____

4. Sex MALE 5. Color or WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BRUNAH WYSS
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased 2 2 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 9 6 hr. min.

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name CHARLES WYSS
13. Birthplace SWITZERLAND
(City, town, or county) (State or foreign country)
14. Maiden name MINNIE LESS
15. Birthplace KANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant Mr L. Wyss
(b) Address Jamestown, Mo

17. (a) BURIAL (b) Date thereof 11-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jamestown Methodist Cem.

18. (a) Signature of funeral director C. Albert Hornbeck
(b) Address Prairie Home Mo

19. (a) 11-11-46 (b) Jada M. Snow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 68
(a) State MISSOURI (b) County MONITEAU
(c) City or town RURAL WINN
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 8
year 1946 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from Sept 15
15 1946 to Nov 8 1946
that I last saw him alive on Nov 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Duration 3

Due to _____
Due to _____

Other conditions (Includes pregnancy within 3 months of death) _____

Major findings: Of operations A2 B
Of autopsy _____
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 U. K. Meredith (M. D. or other) MD
Address Prairie Home Mo Date signed 11-11-46

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed

RECEIVED

DEC 4 1946

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 *C. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Prairie Home 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.

Nov 8 - 46
State File No. See
Registrar's No. 64

Registration District No. 221 Primary Registration District No. 5793

1. PLACE OF DEATH:
(a) County Monticau
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Wm J. Wyss
3. (b) If veteran, name war _____ 3. (d) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Feb 2
(Month) (Day) (Year)

8. AGE: Years 52 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 11-11-46 (b) Yuda M. Susoid
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Day _____ Year 1946 hour _____ minute _____ M. _____
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
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 _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

37777