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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 1 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 4579

Registrar's No. 167

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 902 E. Grand (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 ~~50 years~~ 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Greene
(c) City or town: Springfield (If outside city or town limits, write "RURAL")
(d) Street No.: 902 E. Grand, (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

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3. (a) PRINT FULL NAME: Mary T. L. Wyckoff
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: Widow 2
6. (b) Name of husband or wife: L. E. Wyckoff M.D.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April 7, 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	10	12	..... hr. ..... min.

9. Birthplace: Highland County Va. (City, town, or county) (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business: At Home
12. Name: John L. Lukens
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Unknown.
15. Birthplace: Unknown. (City, town, or county) (State or foreign country)
16. (a) Informant: Dr. R. T. Wyckoff,
(b) Address: Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-21-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park Cem.
18. (a) Signature of funeral director: J. B. Klingner
(b) Address: Springfield Mo.
19. (a) 2-20-48 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

Corr by affdt 3-31-48 T.C.Hyde

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: February day: 19, year: 1948 hour: 8 minute: 30 P. M.

21. I hereby certify that I attended the deceased from July 2, 1946 to Feb 19, 1948 that I last saw he alive on Feb 2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory Paralysis	2 hrs
Due to: Hypertension	5 yrs
Due to: Diabetes Mellitus	5 yrs
Other conditions (Include pregnancy within 3 months of death): Paralytic Stroke (Cerebral Apoplexy)	4 1/2 yrs

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause of 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: R. Conrad (M. D. or other) M.D.
Address: Springfield, Mo. Date signed 2/19/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

APR 2 1948

MAR 8 1948

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 May Rhodes

Licensed Embalmer No. 4071

P. O. ~~Address~~ Springfield

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.

MAR 30 1948

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Greene

State File No.
Local Registrar's No. 167

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 16 day of March, 1948, before me appears Max Rhodes Undertaker, who, upon His oath, states that the original record of death for Mary T.L. Wyckoff died Feb. 19, 1948, in the State of Missouri, and which was filed at Springfield on Feb. 20, 1948, should be corrected as follows:

Item No. 1-D should read 7 yrs.
Instead of 50 yrs.

Item No. 6-B should read L.E. Wyckoff, M.D.
Instead of L.E. Wyckoff

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Max Rhodes Undertaker
Relationship
630 Cozy Spfd. Mo.
Present Address.

Subscribed and sworn to before me this 29th day of March, 1948.

My Commission expires Dec 19 - 1951 Wm C Holmes Notary Public.

V.S. 135
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