No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948
Registration District No. 73

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8208

Primary Registration District No. 5291

Registrar's No. 28

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Rural - Liberty Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: I.O.O.F. Home Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 months (Specify whether
In this community 10 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town Liberty 0
(If outside city or town limits, write "RURAL")
(d) Street No. I.O.O.F. Home RH 2 0
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE N. WYMER
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Lottie Wymer
6. (c) Age of husband or wife if alive yes - 75 years
7. Birth date of deceased Apr. (Month) 17 (Day) 1858 (Year)

8. AGE: Years 89 Months 11 Days 0 If less than one day ... hr. ... min.
9. Birthplace Boon Co. (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Farmer
11. Industry or business —
FATHER
12. Name J. N. Wymer
13. Birthplace — (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Alice Willson
15. Birthplace — (City, town, or county) S.C. (State or foreign country)
16. (a) Informant J. E. Thomas Supt.
(b) Address Liberty, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20-48 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Home - Liberty Mo
18. (a) Signature of funeral director Church - Archer Co
(b) Address Liberty, Mo
19. (a) March 18, 1948 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17
year 1948 hour 11 minute 20 P.M.
21. I hereby certify that I attended the deceased from June 1947 to Mar 17 1948;
that I last saw him alive on Mar. 15 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	1 wk.
Due to: Recumbency following fractured hip	6 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

107

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 S. O. Schroeder, (M. D. ~~or other~~) M.D.
Address Liberty, Mo. Date signed 3/18/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-22-48
DEC 3 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 Harold G. Smith, Registered Apprentice No. 33, working under my personal supervision.

Signed John E. Lonberg

Licensed Embalmer No. 4448

P. O. Address Liberty, 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.