No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11631

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 449

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months 8 days (Specify whether years, months or days)
In this community 50 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 216½ N. 8th Street 7
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry Hendricks Wynkoop
3. (b) If veteran, name war None
3. (c) Social Security No. 491-09-9505A
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Pauline Wynkoop
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 9 (Day) 1875 (Year)
8. AGE: Years 73 Months 2 Days 5 If less than one day hr. min.
9. Birthplace Beloit (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation Retired Salesman
11. Industry or business Manuel Hat Co. St. Louis, Mo.
FATHER 12. Name Chas. Wynkoop
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country) 1
MOTHER 14. Maiden name Katherine Stanford
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country) 1
16. (a) Informant O.R. Byers
(b) Address Red Oak, Iowa.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 16, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph Mo.
19. (a) 4-20-48 (Date received local registrar) (b) E. L. Jackins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th year 1948 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from 6 Dec. 1946, to 13 April 1948; that I last saw him alive on 13 April 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral accident	
Due to: Arteriosclerosis	years
Hypertension	"
Due to: Senility	"
C.N.S. Lues, latent.	"
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 2 D C
Of autopsy 2

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 Wilbur C. McDonald (M. D. or other) M.D.
Address 301 N. 8th St. Date signed 14 April 48

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

SEP 21 1948

JUL 1 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 Raymond H. Morehead

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, 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.