

1. PLACE OF DEATH: Miller Co.
 (a) County Miller Co.
 (b) City or town St. Elizabeth, Mo.
 (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 64
 In this community 64 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County MILLER 66
 (c) City or town St. Elizabeth Mo. 0
 (d) Street No. 0
 (e) Citizen of foreign country? No. (Yes or No) 0
 If yes, name country

3. (a) PRINT FULL NAME FRANK B. WANKUM
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 2nd year 1948 hour 7 minute 40a.M.

4. Sex MALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MYRTLE L. WANKUM
 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased Oct. 7 1883 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 1948 to May 2nd 1948 that I last saw him alive on May 1st 1948 and that death occurred on the date and hour stated above.
 Immediate cause of death Myocarditis Due to Coronary Arteriosclerosis Duration 1 week year.

8. AGE:	Years	Months	Days	If less than one day
64	6	25	hr.	min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 46
 Of autopsy _____

9. Birthplace St. Elizabeth Mo. 0 (City, town, or county) (State or foreign country)
 10. Usual occupation FARMER

11. Industry or business
 12. Name JERRY WANKUM
 13. Birthplace Westphalie Mo. 0 (City, town, or county) (State or foreign country)
 14. Maiden name MARY HECKEMEYER
 15. Birthplace Westphalie Mo. 0 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Myrtle L. Wankum
 (b) Address St. Elizabeth Mo.
 17. (a) Burial (b) Date thereof May 5, 1948 (Month) (Day) (Year)
 (c) Place: burial or cremation ST. LAWRENCE CEMETERY
 18. (a) Signature of funeral director H. H. Strop
 (b) Address Metop Mo.
 19. (a) 5-3-1948 (Date received local registrar) John B. Schaefer (Registrar's signature) 1948

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) Manner of injury 2 D.O.
 23. Signature B. E. Humphreys (M. D. or other) 5-3-48
 Address Muscumbe, Mo. Date signed

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

600

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 14 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 *H H Strip*
Licensed Embalmer No. *2924*
P. O. Address *Meta 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.