

0.2
5-43
17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33553

Registration District No. 211

Primary Registration District No. 5777

State File No. _____

Registrar's No. 9-48

1. PLACE OF DEATH:

(a) County MILLER

(b) City or town RURAL - Equality
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2 1/2 mi. S.W. Tuscomb
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER 66

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 mi S.W. Tuscomb
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country none

3. (a) PRINT FULL NAME MARY-ADALINE-WYRICK

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 1948 hour 11 minute 45 P.

21. I hereby certify that I attended the deceased from September 43 to Oct 16, 1948
that I last saw h.e. alive on Oct 9 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Tobert-Wyrick

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

7. Birth date of deceased: July 26 1860
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration 2 years

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

88 2 20 ✓ hr. ✓ min.

9. Birthplace unknown KANSAS-1
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business At-home

MOTHER FATHER

12. Name Holsey-Wickham

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

14. Maiden name NANCY-JANE-MANNING 9

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

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant ALVIN-WYRICK

(b) Address Tuscomb Mo

17. (a) BURIAL (b) Date thereof Oct-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt-Lion-Cem

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? _____

18. (a) Signature of funeral director Kurt McKay

(b) Address ELDON Mo

19. (a) Mo-19-48 (b) Mrs. Richard L. Wright
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____

(c) Means of injury _____

23. Signature M.E. Hume Shroy (or other) DO

Address Tuscomb Mo Date signed 10/18/48

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed NOV 4 1948

STATEMENT BY LICENSED EMBALMER

Not

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

Keith M. Kaye

Licensed Embalmer No.

3998

P. O. Address

Eldon 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.