

FILED JUL 25 1950
Registration District No. 277

Primary Registration District No. 3052

Registrar's No. 235

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town SEDAITA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Memorial Hospital
Sedalia, Mo.
(If outside city or town limits, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Died Unnamed. WYMORE

3. (b) If veteran, — 3. (c) Social Security
name war — No. —

4. Sex F 3 5. Color or race C 6. (a) Single, widowed, married,
divorced S 0
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if
alive — years
7. Birth date of deceased July 7 1950
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 3 hr. — min.

9. Birthplace Sedalia, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation None.11. Industry or business None.

MOTHER FATHER { 12. Name Roland Barclay Wymore.
13. Birthplace McClouth, Kansas
(City, town, or county) (State or foreign country)
14. Maiden name THELMA Suey Lillard
15. Birthplace Rossville, Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thelma Wymore
(b) Address 1812 W. 7th St.

17. (a) Removal. (b) Date thereof 7/9/50
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Removal to St. Louis, Mo.
Sedalia, Mo.

18. (a) Signature of funeral director Carl D. Hagedorn
(b) Address 412 S. 5th St. Sedalia, Mo.

19. (a) 7-17-1950 (b) W. J. Campbell
(Date received local registrar) (Registrar's signature)
Godie Hall Deputy
(Licensed Embalmer's Statement on Return)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis 6804
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1812 East 7th St
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1950 hour 6:00 minute — P. M.
21. I hereby certify that I attended the deceased from 7 July 1950
to 7 July 1950
that I last saw her alive on 7 July 1950
and that death occurred on the date and hour stated above.

Immediate cause of death prematurity Duration 3 hrs.

Due to —Due to —

Other conditions — 776X
(Include pregnancy within 3 months of death)

Major findings: —
Of operations —

Of autopsy no.

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) (a) Means of injury —

21. Signature Carl D. Hagedorn (M. D. or other)
Address 412 S. 5th St. Sedalia, Mo. Date signed 7 July 1950

RECEIVED 7/2
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 7-24-57

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.....

Licensed Embalmer No.

P. O. Address.....

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.