

FILED APR 7 1944

Registration District No. 226

Primary Registration District No. 4337

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Madison  
(If outside city or town limits, write "RURAL" and name of township)  
(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 (Specify whether  
In this community Lifetime  
years, months or days)

3. (a) PRINT  
FULL NAME

Margaret Wy  
3. (b) If veteran, name war / 3. (c) Social Security No. /

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John M. Wy 6. (c) Age of husband or wife if alive 76 years  
Birth date of deceased 16-27-1866 (Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 11 If less than one day hr. min.

9. Birthplace Monroe Co AR (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business home work

12. Name Thomas West

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

14. Maiden name Martha Wedgmon

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

16. (a) Informant James S. Wy

(b) Address Paris Mo

17. (a) Burial (b) Date thereof 3-10-44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. H. Thompson

(b) Address Madison Mo

19. (a) Mo 9-1944 (b) Otis Hedberg (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe  
(c) City or town Madison (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1944 hour 2:05 minute 0 M.

21. I hereby certify that I attended the deceased from Feb. 12 1944 to March 8 1944  
that I last saw h alive on March 8 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 30 min

Due to Hypertension 14 yrs

Due to 30

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Means of injury

23. Signature W. H. Thompson (Date signed 3/10/44)

Address Madison Mo

RECEIVED

District Health Officer No. 1Q

District File Number 1-14-693

Date Filed APR 6 1944

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

*Mrs. J. A. Thompson*

Licensed Embalmer No. 3282

P. O. Address Maryland, Md

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.