N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5928
Do not use this space.

85

1. PLACE OF DEATH
(a) County BUCHANAN — Registration District No. 1001
(b) Township ~~WASHINGTON~~ — Primary Registration District No. — Registered No. 139
(c) City ST. JOSEPH, — (d) Street No. 214½ NORTH 20TH ST. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME PAULINE WYNKOOP
(a) Residence, No. 214½ NORTH 20TH ST. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: HARRY H. WYNKOOP
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOVEMBER 28, 1879
7. AGE: YEARS 59 — MONTHS 2 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc.: HOME
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CARROLLTON, MISSOURI 0

FATHER
13. NAME: JAMES DEVINE, 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN 1

MOTHER
15. MAIDEN NAME: VIRGINIA OWENS,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CARROLLTON, ILL

17. INFORMANT (ADDRESS): HARRY WYNKOOP, 214½ N. 20th St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: MEMORIAL PARK CEM DATE: FEB. 11, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): FLEEMAN & SON, INC. 1946 COLHOUN ST. JOSEPH, MO.
20. FILED 2/11, 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 8, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 16, 1938, to Feb 8, 1939
I last saw her alive on Feb 8, 1939. Death is said to have occurred on the date stated above, at 11:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	
Carcinoma of breast c̄ metastasis to lungs causing a failure of respiration.	1936

Other contributory causes of importance: 50

Name of operation: None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Wilbur C. McDonald, M. D.
(Address) 301 N. 8th St.

(Licensed Embalmer's Statement on Reverse Side)

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, JOHN E. RUPP

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address 1946 COLHOUN ST. ST. JOSEPH, MISSOURI.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.