

REC'D APR 11 1939

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

10298
Do not use this space.

1. PLACE OF DEATH

(a) County CALLAWAY Registration District No. 104
(b) Township BOURBON Primary Registration District No. 5156 Registered No. 84
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

360 LENA MAY WYDER
(a) Residence, No. 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 OR (OR) WIFE OF JOHN WYDER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3-1870
7. AGE YEARS 68 MONTHS 4 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION

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

FATHER

12. BIRTHPLACE (CITY OR TOWN) SHAMROCK (STATE OR COUNTRY) MISSOURI

MOTHER

13. NAME THOMAS HALL
14. BIRTHPLACE (CITY OR TOWN) CALLAWAY COUNTY (STATE OR COUNTRY) MISSOURI
15. MAIDEN NAME CAROLINE CHANDLER
16. BIRTHPLACE (CITY OR TOWN) WEST VIRGINIA (STATE OR COUNTRY)

17. INFORMANT JOHN WYDER (ADDRESS) MCCREDIE, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE AUXASSIS, MO. DATE MAR. 22, 1939

19. FUNERAL DIRECTOR Glen G. Maupin (ADDRESS) 700 Cant St Fulton, Mo.

20. FILED Mar. 22, 1939 R. N. Crew Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20/39 19...

22. I HEREBY CERTIFY, That I attended deceased from 3/7/39, 19... to 3/20/39, 19...
I last saw her alive on 3/19/39, 19... Death is said to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of importance were as follows:
Cardiac insufficiency, following influenza, with, arteriosclerosis Hypertention.

Other contributory causes of importance:
Thrombosis, femoral vessels bilateral, and senile gangrene, feet bilateral

Name of operation Date of
What test confirmed diagnosis? P.E. 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) G. J. Stovall, M. D. (Address) Fulton Mo.

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X 12504

STATEMENT BY LICENSED EMBALMER

I, Glen G. Manpin, Licensed Embalmer No. 2725
hereby certify that the body recorded on the reverse side of this certificate was embalmed by John D. Batchelder
L. E.

No. _____ or by _____, Registered Apprentice No. 192
working under my personal supervision.
Signed Glen G. Manpin
Licensed Embalmer No. 2725

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.)