

No. 2
-10-39
17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38135**

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **1162**

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

REC-10-10-1940

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs.
(Specify whether _____)

In this community 24 years
years, months or days

3. (a) PRINT FULL NAME Pauline P. Wyrick

3. (b) If veteran, name war None

3. (c) Social Security No. No.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Paul 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased July 13, 1905
(Month) (Day) (Year)

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

35	3	18	hr. min.
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9. Birthplace Princeton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Curtis E. Grimm

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

14. Maiden name Addie May Kesterson

15. Birthplace Mercer Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Wyrick (Husband)

(b) Address 5614 So. 2nd.

17. (a) Burial (b) Date thereof Nov. 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King Hill Cemetery

18. (a) Signature of funeral director John C. Ruff

(b) Address 6054 E. 3rd

19. (a) 11/16/40 (b) H. Westphal
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limit, write "RURAL")

(d) Street No. 5614 So. 2nd
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1940 hour 2:00 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov. 20 1940 to Nov 1 1940
that I last saw her alive on Nov. 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Post partum Haemorrhage
Shock

Due to Precipitate delivery in ambulance after only two labor pains

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

Major findings: Of operations _____

Of autopsy Not Done

Duration 40 min

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? 85 (Specify type of place) (b) Means of injury _____

23. Signature Wm. B. Rest (M. D. or other) MD.
Address Kirkpatrick Bldg Date signed 11-2-40

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.....

Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Missouri

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, above space should be left blank.