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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2729

Registration District No. 362 Primary Registration District No. 5507 Registrar's No. 19

1. PLACE OF DEATH:

(a) County Hickory

(b) City or town Rural - Green Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 64 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory 43

(c) City or town "Rural" (If outside city or town limits, write "RURAL")

(d) Street No. Rt. 1, Hermitage, Mo. (If rural, give location)

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

3. (a) PRINT FULL NAME William T. Wrinkle

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex male

5. Color or race Wht

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

6. (b) Name of husband or wife wife Martha Wrinkle

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 3 (Day) 1876 (Year)

8. AGE: Years 64 Months 9 Days 28 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Wrinkle
13. Birthplace (City, town, or county) 1 Tenn (State or foreign country)

MOTHER
14. Maiden name Mary Rains
15. Birthplace (City, town, or county) 1 Tenn (State or foreign country)

16. (a) Informant Martha Wrinkel

(b) Address Hermitage Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/4/41 (Month) (Day) (Year)

(c) Place: burial or cremation Nemo Cem

18. (a) Signature of funeral director J R Lucker

(b) Address Wheatland Mo

19. (a) 1-8-1941 (Date received local registrar) (b) John P. Dennis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1940 hour 9 minute 00 M.

21. I hereby certify that I attended the deceased from 12/21, 1940, to 12/21, 1940; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Sonory Thrombosis of Heart

Due to

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 1 hr

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)

(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? (Specify type of place)

3 2 3 While at work? (e) Means of injury

23. Signature L A Gloss (M. D. or other) MD

Address Yorbona, Mo. Date signed 1/4/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-41-306
Date Filed 2-10-41

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 C. P. Luckey

Licensed Embalmer No. 2982

P. O. Address Wheatland Wy

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

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