

FILED JUN 25 1941

STANDARD CERTIFICATE OF DEATH

19443

State File No.

~~17145~~

Registration District No. 46

Primary Registration District No. 5069

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Barton  
 (b) City or town Lamar RED #1  
 (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 1 mo 11 da years, months or days

3. (a) PRINT FULL NAME Lawrence Laverne Wynn

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Nov 20 1940  
 (Month) (Day) (Year)

8. AGE: Years 0 Months 1 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Barton County Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Bert Wynn  
 { 13. Birthplace Clarinda, Iowa  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Viola Brown  
 { 15. Birthplace Platt County, Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature \_\_\_\_\_

(b) Address Lamar, Mo. R1

17. (a) Burial (b) Date thereof 1-2-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakton Cemetery

18. (a) Signature of funeral director Konantz Funeral Home

(b) Address Lamar, Mo.

19. (a) Jan 2-41 (b) Glady Overman Smith  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
 (c) City or town Lamar  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. RED #1  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1  
 year 1941 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from Dec. 26, 1940, to Dec. 31, 1940  
 that I last saw him alive on Dec. 26, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Thrombosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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?  
46 (Specify type of place) \_\_\_\_\_  
 While at work (e) Means of injury \_\_\_\_\_

23. Signature Thos. F. Miller (M. D. or other) \_\_\_\_\_  
 Address Lamar, Mo. Date signed 1-2-41

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.

RECEIVED

District Health Officer No. 6,

District File Number 641-995

Date Filed JUN 24 1944

STATEMENT BY LICENSED EMBALMER

NOT

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 Carl J. Kowantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Mo.

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.