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State File No. ....

FILED SEP 12 1941  
Registration District No. 467

Primary Registration District No. 4280

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Avonra Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 115 Eline St Avonra Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether  
In this community 2 1/2 yr, 1  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Avonra Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 119 West Eline  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME Robert Lee Wyman

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Russic 6. (c) Age of husband or wife if alive 18 1/4 years

7. Birth date of deceased Nov 6 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 8 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Joseph Wyman

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

14. Maiden name Untermyer

15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Curran Wyman

(b) Address Avonra Mo

17. (a) Burial (b) Date thereof 8/12/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Opie & Marsh

(b) Address 224 N Church St Avonra Mo

19. (a) Aug 30 1941 (b) R. D. Cowan, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th.  
year 1941 hour 81 minute 55 P.M.

21. I hereby certify that I attended the deceased from January 29, 1940 to June 8, 1941.  
that I last saw him alive on June 8, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Five minutes

Due to glauc

Due to glauc

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations none  
Of autopsy none

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Bennett S. Kirby (M. D. or other) MD  
Address 16 E. Laurel St Date signed 8/12/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 941-1459

Date Filed SEP 9 1941

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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. None  
working under my personal supervision.

Signed..... Osca J. Marsh

Licensed Embalmer No. 3872

P. O. Address Quora 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, fact should be so stated above.