

AUG 14 1942

Registration District No. 7-6-9470

Primary Registration District No. 5433

Registrar's No. 7944

1. PLACE OF DEATH:

(a) County Lauer
(b) City or town Wet Vernon Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mo State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 84 days
(Specify whether years, months or days) 84 days -

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Deming
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL") 2
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME EARL RAYKLIN WIMBERLY

MEDICAL CERTIFICATION

3. (b) If veteran, name war Mo 3. (c) Social Security No. 491-161607

20. DATE OF DEATH: Month July day 11th year 1942 hour 8:00 minute am

4. Sex Male 5. Color of hair White 6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from April 1942 to July 11, 1942
that I last saw him alive on July 10, 1942
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Modean Wimberly 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased Oct 5 1905
(Month) (Day) (Year)

Immediate cause of death Pulmonary tuberculosis
Duration Eyes
Eyes

8. AGE: Years 36 Months 9 Days 6 If less than one day hr. min.

Due to

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

Due to

10. Usual occupation Factory worker

Other conditions (Include pregnancy within 3 months of death) 13 ft

11. Industry or business Box factory

Major findings: Of operations

12. Name Walter Wimberly

Of autopsy

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

Underline the cause to which death should be charged statistically.

14. Maiden name Leta Strimes

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

16. (a) Informant Mr. Michael Reed Clerk

(b) Address Mo State Sanatorium

17. (a) Removal (b) Date thereof July 11 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville Mo

18. (a) Signature of funeral director Geo B. Orr

(b) Address Wet Vernon Mo

19. (a) 7/12/42 (b) Quay Grayson
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury 1
23. Signature C. M. Ward (or other)

Address Wet Vernon Date signed 7/14/42

A. M. Winkler

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

5503

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RECEIVED

District Health Officer No. 6,

District File Number 842-1249

Date Filed AUG 13 1942

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address 7th Vermont

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.