

No. 2
-1-4-41
-17-39
X28390

FILED MAR 26 1943
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 26 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10285
Registrar's No. 210

Registration District No. 2000 Primary Registration District No. 2000

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
39
2
6

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield, Mo.
(c) Name of hospital or institution: 1713 W. Atlantic
(d) Length of stay: In hospital or institution: Several Years
In this community: Several Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield, Mo.
(d) Street No. 1713 W. Atlantic
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Frank Wyre
(b) If veteran, name war No
(c) Social Security No. Unknown

20. DATE OF DEATH: Month March day 6 year 1943 hour 7 minute 10 A.M.

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased: October 6 1863

21. I hereby certify that I attended the deceased from Nov 20 1943
that I last saw him live on Feb. 27 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 5 Days 0

Immediate cause of death Chronic heart lesion
Due to: Anger tension

9. Birthplace Unknown N. Carolina

Due to: Scurvy

10. Usual occupation Boiler Maker

Other conditions none

11. Industry or business Boiler Maker

MOTHER FATHER
12. Name Hamilton Wyre
13. Birthplace Lexington N. Carolina
14. Maiden name Rachel Gladfeller
15. Birthplace Unknown N. Carolina

Major findings: Of operations: Of autopsy: none

16. (a) Informant Mrs. Dora Wyre
(b) Address Tulsa Oklahoma

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(c) Where did injury occur? none
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

17. (a) Burial (b) Date thereof 7-8-43
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address Springfield, Mo.

23. Signature of J. Freeman
Address Springfield, Mo. Date signed 3/11/43

19. (a) 3-11-43 (b) J. W. Handley

984

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.....

Body Was Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed *Frank Grable Jr.*

Licensed Embalmer No. *4140*

P. O. Address *Springfield Snc*

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.