

FILED DEC 27 1943

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 998

1. PLACE OF DEATH:

(a) County Springfield  
(b) City or town Springfield  
(c) Name of hospital or institution: St. Johns, Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(d) Street No. 313 East Division  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

December 10

20. DATE OF DEATH: Month December day 10  
year 1943 hour 5:00 minute P.M.

21. I hereby certify that I attended the deceased from 12-9 to 12-10, 1943  
that I last saw him alive on 12-10, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chc Myocarditis  
acute cardiac failure

Duration

4 yr, 1 day

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

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

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_  
(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 \_\_\_\_\_

23. Signature: Stuart D. ... (M. D. or other)  
Address: Springfield, Mo. Date signed: 12-11-43

3. (a) PRINT FULL NAME Adrian Allen WRINKLE

3. (b) If veteran, name war No. 3. (c) Social Security No. 702-03-5842

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

6. (b) Name of husband or wife Cynthia Wrinkle 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased November 19, 1880  
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation R.R. Conductor  
Rail Road

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

12. Name Henry Harry Wrinkle

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

14. Maiden name Union

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

16. (a) Informant Cynthia Wrinkle  
(b) Address 313 East Division, Springfield, Mo.

17. (a) Burial (b) Date thereof 12-12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dishman Cemetery

18. (a) Signature of funeral director J. W. Klingner & Co.  
(b) Address Springfield Missouri

19. (a) 12-11-43 (b) W. H. Handley  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

JAN 2 0 1944

APR 18 1944

**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..... *May Rhodes*

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

**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.

X