

Registration District No. 98

Primary Registration District No. 5359

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Rural- Grand River Township
(c) Name of hospital or institution:
1 1/2 Mi. East Jameson, Mo.
(d) Length of stay: In hospital or institution 1
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess
(c) City or town Rural Grand River Twp.
(d) Street No. 1 1/2 Mi. East Jameson, Mo.
(e) Citizen of foreign country? NO
If yes, name country U

3. (a) PRINT FULL NAME Laura Alice Wynne
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Homer Wynne
(c) Age of husband or wife if alive 60 years
7. Birth date of deceased January 15 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 17
If less than one day hr. min.

9. Birthplace Daviess County 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER { 12. Name Thomas Brown
13. Birthplace Daviess County Missouri
14. Maiden name Mary Elizabeth Croy
15. Birthplace Unknown

16. (a) Informant Homer Wynne
(b) Address Jameson, Missouri

17. (a) Burial (b) Date thereof 6-4-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand River Cemetery

18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Mo.

19. (a) 6-2-1944 (b) L. P. Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 2
year 1944 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from Sept. 1936 to June 2 1944
that I last saw her alive on June 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Essential Hypertension
Due to Arterial Sclerosis
Other conditions (Include pregnancy within 3 months of death)

Duration 4 yrs.
6 yrs.
5 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings: Of operations 93d
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) (e) Means of injury
23. Signature Lloyd E. Nelson (M. D. or other) DO
Address Gallatin, Mo. Date signed 6-2-44

1084

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

3100

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 L. O. Rickesson
Licensed Embalmer No. 3302
P. O. Address Fall River, 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.