

FILED MAY 14 1946

Registration District No. 78

Primary Registration District No. 4165

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Gallatin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31
(c) City or town Gallatin
(If outside city or town limits, write "RURAL") /
(d) Street No. ---
(If rural, give location) 8
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John Wynne

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Florence A. Wynne

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased February (Month)

5 (Day) 1863 (Year)

8. AGE: Years 83 Months 2 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Retired

MOTHER FATHER

12. Name James Wynne

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

14. Maiden name Sarah Buren

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

16. (a) Informant Mrs. John Wynne
(b) Address Gallatin, Missouri

17. (a) Burial (b) Date thereof. 4-21-1946
(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) 5-3-46 (b) Virginia M. Engelbert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1946 hour _____ minute 45 A. M.

21. I hereby certify that I attended the deceased from you 1946 to April 19 1946
that I last saw him alive on April 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Hepatitis Pneumonia 4 days
Chocinema Hard Passage
Due to Edward Leach 5 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature George Clayton (M.D. or other) 2
Address For Galatin, Mo. Date signed 4-20-46

11693 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

.....
working under my personal supervision.

.....
Registered Apprentice No.

Signed *L. O. Richerson*.....

Licensed Embalmer No. *3307*.....

P. O. Address *Lattimer, 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.