

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 15 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 122 Meridan St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

June Jane Wynn

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

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ples Wynn
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased June 9 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>6</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business -----

MOTHER FATHER

12. Name Hence Claxton
13. Birthplace unknown Tenn
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Johnson

(b) Address 122 Meridian, Carthage, Mo.

17. (a) burial (b) Date thereof Jan 7, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Durbin Cem. - Hartville, Mo

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) 1-6-47 (b) D. B. Claxton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 27, 1946 to Jan 2, 1947; that I last saw her alive on Jan 2, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism with complete Rt sided paralysis
Due to Secondary to hemangioma on chest and right hip
Other conditions semilethal
(Include pregnancy within 3 months of death)

Duration

3 days

PHYSICIAN

Major findings:
Of operations none
Of autopsy none
1946

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) accident
(b) Date of occurrence Dec 25, 1946
(c) Where did injury occur? Newton, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? yes (Specify type of place)
(e) Means of injury fell down steps
23. Signature George H. Wood (M. D. or other)
Address Carthage Mo Date signed Jan 3 47

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

14
13

47-1-2

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.....

Robert H. Knell

Registered Apprentice No. *406*

working under my personal supervision.

Signed *Frank W. Knell Jr*

Licensed Embalmer No. *4440*

P. O. Address *Carthage*

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.