

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16325

Registration District No. 376

Primary Registration District No. 6-28-24560

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Norwood
(If outside city or town limits, write "RURAL", and name of township)

(c) Name of hospital or institution:
Norwood Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 hours
(Specify whether years, months or days)

In this community 9 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright

(c) City or town Norwood
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOYCE ELAINE WYNN

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 4 5 47
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 9 hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 6 year 47 hour 6:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from 4/4/47 to 4/6/47 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Systemic changes
4 1/2 months

Due to Heart Failure

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? _____ (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) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed 4/15/47

9. Birthplace Norwood Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Fred Wynn

13. Birthplace Hartsville Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Gladys Curtis

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

16. (a) Informant Fred Wynn
(b) Address Mt. Zion Mo.

17. (a) Burial (b) Date thereof 4 7 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove Cem.

18. (a) Signature of funeral director Gene C. Hedden
(b) Address Hartsville Mo.

19. (a) 4-19-47 (b) Mrs. Rob. Worsham
(Date received local registrar) (Registrar's signature)

by Mrs. Kay Burnett
(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

247

1947

RECEIVED

District Health Officer No. 6;

District File Number 447-490

Date Filed APR 22 1947

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, ~~_____~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Glenn E. Aldren.....

Licensed Embalmer No. 3865.....

P. O. Address Hartsville, Md......

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.