

FILED SEP 8 1947

State File No. _____

Registration District No. 97

Primary Registration District No. 4165

Registrar's No. 87

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:
 ---- 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Many Years (Specify whether)
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Daviess 3
 (c) City or town Gallatin
 (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 Frank Peery Wynne
 3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 5
 year 1947 hour 2 minute 30 A. M.
 21. I hereby certify that I attended the deceased from July
 _____, 1946, to Aug 5, 1947
 that I last saw him alive on Aug 4, 1947
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Edna Wynne 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased August 10 1868
 (Month) (Day) (Year)

Immediate cause of death
Cancer of Colon & Prostate Gland
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
None

8. AGE: Years Months Days If less than one day
78 11 25 hr. min.

Major findings: Of operations None
 Of autopsy _____
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

11. Industry or business Retired
 12. Name Thomas P. Wynne
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Lucinda Ford
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Wynne
 (b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 8-7-1947
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Princeton, Missouri

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

19. (a) 8-27-47 (b) Virginia H. Engelhardt
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (c) 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 Frank E. Peery (D or other)
 Address Gallatin, Mo. Date signed Aug 6 '47

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

0-2
-45
7-39
47070

MAR 9 1 1954

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.....

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

Signed *L. O. Peterson*
Licensed Embalmer No. *3307*
P. O. Address *Fallston, 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.