S. No. 2
I—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 7 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27177

Registration District No. ..... Primary Registration District No. 4371 Registrar's No. 215

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Elmo Mo
(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 Eight Years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Iowa~~ Mo (b) County Nodaway 74
(c) City or town Elmo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R R 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eyce Josephine Wymore

3. (b) If veteran, name war ..... 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 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 Nov (Month) 29 (Day) 1883 (Year)

8. AGE: Years 64 Months 8 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Page Co Iowa (City, town, or county) / (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Elza Wymore
13. Birthplace Kentucky / (City, town, or county) Malissa Peterson (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Ohio / (City, town, or county) (State or foreign country)

16. (a) Informant Lottie A. Wymore
(b) Address Stambaugh Mich.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug (Month) 17 (Day) 48 (Year)
(c) Place: burial or cremation Near Clarinda

18. (a) Signature of funeral director Leslie D. Walker
(b) Address Clarinda Iowa

19. (a) 8-25-48 (Date received local registrar) (b) Bess Hold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 1948
year 1948 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Dec 23, 1943, to Aug 16, 1948
that I last saw her alive on Aug 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Interstitial nephritis	2 mo.
Due to	
Due to	
Other conditions Senility. (Include pregnancy within 3 months of death)	

Major findings:
Of operations 13/0
Of autopsy none performed.

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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature Marvin Ford (M. D. or other) DO
Address Elmo Mo Date signed 8/20/48

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1948

SEP 2? 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

JUN 20 1950

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~~ at Clarmc Ia Leslie D. Walker 2156 Ia, Registered Apprentice No. ..... working under my personal supervision.

Signed Leslie D. Walker

Licensed Embalmer No. 2156

P. O. Address Clarmcly Ia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.