S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 30349

Registration District No. 5714195 Primary Registration District No. 195 5714 Registrar's No. 24

**1. PLACE OF DEATH:**
(a) County McDonald
(b) City or town Rural Pineville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 3 Anderson, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 58 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County McDonald
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Anderson Rt. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Esther Isabel Wylie
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May (Month) 13 (Day) 1878 (Year)

8. AGE: Years 70 Months 3 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Benton County (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER
12. Name William Allmon
13. Birthplace Wilson County (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Elizabeth Bassinger
15. Birthplace Benton County (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant Liecel Wylie
(b) Address Humboldt, Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 1. 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Tracy Cemetary, Anderson, Mo.
18. (a) Signature of funeral director John B Pafineau
(b) Address Goodman, Missouri
19. (a) 9-5-48 (Date received local registrar) (b) Mrs. B E Bradley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 30 year 1948 hour 4 minute 10 A.M.
21. I hereby certify that I attended the deceased from Aug. 23, 1948 to Aug 30, 1948 that I last saw her alive on Aug. 23, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Acute Cholecystitis | 4 days |
| Due to | |
| Due to | |
| 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? Mo.
(Specify type of place)
While at work? (e) Means of injury
23. Signature S B Buck (M. D. or other)
Address Anderson Mo Date signed 9-1-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 948-1104
Date Filed SEP 28 1948

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**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 John B. Paquineau

Licensed Embalmer No.....

P. O. Address.....

**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.**