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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1948

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Lemmon Jr.

State File No. 32648

Registrar's No. 950

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Month (Specify whether years, months or days)
In this community: 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield (If outside city or town limits, write "RURAL")
(d) Street No.: 628 W. Lynn (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: William E. Wyett
3. (b) If veteran, name war: No
3. (c) Social Security No. 487-12-0696

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Clara May Wyett
6. (c) Age of husband or wife if alive: ? years
7. Birth date of deceased: July (Month) 10 (Day) 1880 (Year)

8. AGE: Years 69 | Months 3 | Days 21 | If less than one day ___ hr. ___ min.

9. Birthplace: Brookfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Optometrists
11. Industry or business:
FATHER
12. Name: Isaac Newton
13. Birthplace: Bucklin (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Sarah Frances Carter
15. Birthplace: Bucklin (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Cecil A. Wyett
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation: White Chapel Mem. Gardens
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 11-3-48 (Date received local registrar) (b) W.E. Hardley (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 1 year: 1948 hour: 4 minute: 30a. M.
21. I hereby certify that I attended the deceased from Aug. 28, 1948, to Nov 1, 1948, that I last saw him alive on Oct 31, 1948, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary thrombosis, acute | Instantaneous |
| Due to: Arteriosclerosis, generalized | |
| 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? (Specify type of place)
While at work?
(e) Means of injury:

23. Signature: Bruce Lemmon (M. D. or other)
Address: Spgfld Mo. Date signed: 11-8-48

(Licensed Embalmer's Statement on Reverse Side)

NOV 30 1948

**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 Gene Lohmeyer, Registered Apprentice No. 292 working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.**