

V. S. No. 2
FORM-5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13582

State File No.

ED APR 30 1949

Registration District No.

Primary Registration District No. 5044

Registrar's No. 16

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

005

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: none (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community last several years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

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

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Adline Maldon

3. (b) If veteran, name war no

3. (c) Social Security No. no

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

7. Birth date of deceased Sept 19 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	3	21hr.min.

9. Birthplace Way Co. Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Solomon Wyrick

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Claud Kisler

(b) Address Washburn, Missouri

17. (a) Burial (b) Date thereof Mar. 14 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rowley Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) April 3-1943 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 10th year 1943 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1943, to March 10th 1943, that I last saw him alive on March 10th 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation (acute) Duration 1 wk.

Due to Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93 et

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?

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

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

Address Cassville, Mo. Date signed 4:3:43

RECEIVED

District Health Officer No. 6,

District File Number 1113-192

Date Filed APR 29 1943

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 Edw. Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville, 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.