

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21671

State File No. _____

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 455

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

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: 979 S. Weller
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 979 S. Weller 6
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Ora F. Wyman

3. (b) If veteran, name war None

3. (c) Social Security No. None

20. DATE OF DEATH: Month June day 2 year 1941 hour 4 minute _____ A. M.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur B. Wyman

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased June 6 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 21 1941, to June 2 1941; that I last saw her alive on May 21 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>11</u>	<u>26</u>	_____ hr. _____ min.

Immediate cause of death. Coronary Arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Lawrence County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation In Home

11. Industry or business _____

12. Name George W. Cassity

13. Birthplace Unknown / Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Madora Gardner

15. Birthplace Unknown / Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Arthur B. Wyman

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 6/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Angelwood Cem.

18. (a) Signature of funeral director Anna Lohmeyer Funeral Home
Springfield, Missouri

(b) Address _____

19. (a) 6-4-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

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)

Signature Robert G. Gynn (M. D. or other) JMS

Date signed 6/4/41

JUL 16 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 Wayne Kiehl
Licensed Embalmer No. 31404
P. O. Address Springfield

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.