

FILED FEB 28 1944

Registration District No. 220

Primary Registration District No. 5792

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Enon Rural Harrison
(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 _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Enon Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME ANNA E. WYSS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or _____ 6. (c) Age of husband or wife if alive _____ years
Fred Wyss 21 1970
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 4 25 hr. _____ min.

9. Birthplace Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
12. Name William Meador
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Mary R. Amce
15. Birthplace Russellville Mo. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Fred C. Wyss
(b) Address Enon Mo.

17. (a) Burial (b) Date thereof Feb. 19 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation High Point

18. (a) Signature of funeral director D. N. Stephens
(b) Address Russellville, Mo.

19. (a) Feb 23 1944 (b) Dr. P. J. ...
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1944 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from Feb. 16, 1944 to Feb. 16, 1944
that I last saw her alive on Feb. 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism Duration 4 hrs.

Due to Miocarditis years
interstitial nephritis

Due to _____
Other conditions Hypertention 1 yr.
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy None 13/a
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) None
(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 0

23. Signature E. B. Shelton (M. D. or other) M. D.
Address 6 S. Maple, Eldon, Mo. Date signed 2/19/44

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 G. Steppus
Licensed Embalmer No. 2307
P. O. Address Russellville, 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, above space should be left blank.