

FILED JUN 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17491

Registration District No. 148

Primary Registration District No. 4082

Registrar's No. 14

19
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Belton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether)
In this community 31 years
years, months or days

3. (a) PRINT FULL NAME LILLIAN B. WYRICK

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 wife E. A. Wyrick 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 12, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 4 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Henry Lacey
13. Birthplace West Va.
(City, town, or county) (State or foreign country)
14. Maiden name Bessie A. West
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant E. A. Wyrick
(b) Address Belton Mo.

17. (a) Burial (b) Date thereof May 17, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Belton, Mo.

18. (a) Signature of funeral director P. K. Givens & Sons
(b) Address Belton, Mo.

19. (a) May 18 - 41 (b) P. M. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Belton 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. ✓ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 4 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1941 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from May 14, 1941 to May 16, 1941;
that I last saw him alive on May 15, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism 6 hrs
Duration

Due to arteriosclerosis hypertension

Other conditions Senile Dementia 2 yrs
(Include pregnancy within 3 months of death)

Major findings: of 3 yrs
Of operations of 3 yrs
Of autopsy of 3 yrs

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?

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While at work? (Specify type of place) (a) Means of injury
23. Signature P. M. Miller (M. D. or other) DO
Address Belton Mo Date signed May 17

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.....

A. H. George

Licensed Embalmer No. *3675*

P. O. Address *Grandview, 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.