

STANDARD CERTIFICATE OF DEATH

2072

State File No.

FILED FEB 8 1948

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or local address)
(d) Length of stay: In hospital or institution Eight (8) days
(Specify whether
In this community
years, months or days)

3. (a) PRINT

FULL NAME Wyckoff, Joseph M.

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sophia Wyckoff 6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased June 9 1874
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 6 If less than one day
hr. min.

9. Birthplace Miller Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Wyckoff, Eohiam

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

14. Maiden name Diana Wyckoff

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

16. (a) Informant Mrs Sophia Wyckoff

(b) Address Jamestown, Missouri

17. (a) Burial (b) Date thereof 1-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cym

18. (a) Signature of funeral director Charles Friedrich

(b) Address Jamestown, Mo

19. (a) 1-16-46 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68
(c) City or town Jamestown, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16
year 1946 hour Two (2) minute 10 AM.

21. I hereby certify that I attended the deceased from January 9, 1946 to January 16, 1946
that I last saw him alive on January 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Rectum with
generalized metastases 73 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations See above

Of autopsy See above

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
(c) Means of injury

23. Signature James V. Beckman (M. D. or other)

Address Cancer Hospital, Columbia, Mo Date signed 1/16/46

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2 2 46

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.....

Licensed Embalmer No. 3537

P. O. Address..... California M

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.