JAN 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

45694
Do not use this space.

1. PLACE OF DEATH

(a) County: Jasper — Registration District No.: 411
(b) Township: Sylvania — Primary Registration District No.: 2002 — Registered No.:
(c) City: Joplin — (d) Street No.: 106 Oliver St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: EDGAR WISWELL

(a) Residence, No.: 106 OLIVER St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rose Wiswell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 5, 1881

7. AGE: Years 56 | Months 4 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: PAINTER +
9. Industry or business in which work was done, as saw mill, bank, etc.: CARPENTAR
10. Date deceased last worked at this occupation (month and year): Nov. 1, 1937
11. Total time (years) spent in this occupation: 30 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ft. Smith, ARKANSAS

FATHER
13. NAME: Faedrick Wiswell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLINOIS

MOTHER
15. MAIDEN NAME: SARAH KIRK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ATLANTA, GEORGIA

17. INFORMANT (ADDRESS): Fredrick Wiswell, 1014 W 5TH ST. JOPLIN

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: FAIRVIEW DATE: 12-27, 1937

19. FUNERAL DIRECTOR (ADDRESS): FRANK-SIEVERS, JOPLIN MO

20. FILED: 12-27, 1937 Ed D James, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1937, to Dec. 23, 1937
I last saw him alive on Dec. 20, 1937. Death is said to have occurred on the date stated above, at 9:40 Am.
The principal cause of death and related causes of importance were as follows:

Organic heart disease — Date of onset: Some Chile

Other contributory causes of importance:

Name of operation: no — Date of:
What test confirmed diagnosis? Clinic — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury: , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed): Karl L. Neff, M. D.
(Address): Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

50M-7-36-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Don Tetrick, Licensed Embalmer No. 4008

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Don Tetrick

Licensed Embalmer No. 4008

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.)