

REC'D MAY 13 1938

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

13130

Do not use this space.

## 1. PLACE OF DEATH

(a) County Lewis Registration District No. 480  
(b) Townshp. Union Primary Registration District No. 5645 Registered No. 7  
(c) City Maywood (d) Street No. \_\_\_\_\_  
(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 Anna Belle Wiseman

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.W. Wiseman  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 1870  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 11 17  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.FATHER 13. NAME Edward M. Pike14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KentuckyMOTHER 15. MAIDEN NAME Nannie G. Keach16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.17. INFORMANT (ADDRESS) B. G. McPike18. BURIAL, CREMATION, OR REMOVAL PLACE Maywood DATE April 19 193819. FUNERAL DIRECTOR (ADDRESS) A. H. Chambers  
Maywood Mo.20. FILED 4/19/38 1938 W. B. Kelley Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 193822. I HEREBY CERTIFY, That I attended deceased from April 17, 1938, to April 17, 1938I last saw him alive on April 17, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Serum of edon at splenic flexure

Date of onset

Other contributory causes of importance:

Coronary polio

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chemical Was there an autopsy? etc.23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1938

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? etc.

If so, specify \_\_\_\_\_

(Signed) Dr. Z. C. Carr, M. D.(Address) 20 George

STATEMENT BY LICENSED EMBALMER

I, A. H. Chambers, Licensed Embalmer No. 3766  
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 A. H. Chambers  
Licensed Embalmer No. 3766

**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.)**