

REC'D SEP 20 1939

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

29864
Do not use this space.

1. PLACE OF DEATH

(a) County Pemissot Registration District No. 681
(b) Township Caruthersville Primary Registration District No. 4388 Registered No. 85-
(c) City Caruthersville (d) Street No. _____ 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME FRANK ALEXANDER WISEMAN

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH 6815 P.M.

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daisy E. Wiseman

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1939, to Aug 18, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1874

I last saw him alive on Aug 18, 1939. Death is said to have occurred on the date stated above, at 6:20 p.m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 9 8

Date of onset Aug 15, 1939

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation Life

Dr. J. H. ...
Arteriosclerosis, Hypertension

12. BIRTHPLACE (CITY OR TOWN) Benton County (STATE OR COUNTRY) Tenn.

Other contributory causes of importance: Arteriosclerosis, Hypertension

FATHER 13. NAME Bob Wiseman

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Josie McDaniel

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mrs. Daisy Wiseman
Caruthersville, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Caruthersville DATE 8/19 1939

19. FUNERAL DIRECTOR (NAME) La Forge, Ind. Co. (ADDRESS) Caruthersville

20. FILED Aug. 31 1939 Ada Martin Local Registrar.

Name of operation None Date of _____
What test confirmed diagnosis Microscopic Exam Was there an autopsy? Yes

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? Yes
If so, specify _____
(Signed) Chas. H. ..., M. D.
(Address) Caruthersville, Mo.

RECEIVED
District Health Officer No. 3
District File Number 939-5
Date Filed 9/6/39

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 J. S. Schuman
Licensed Embalmer No. 4086
P. O. Address Courtsville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.