

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 130

Primary Registration District No. 5174^a

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Rural
 (If outside city or town limits, write "RURAL"; and name of township)
 (c) Name of hospital or institution 5 miles West of Bluetown
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 28 years 10 Mos. 11 days
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cape Girardeau
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Alma Edna Wiseman
 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 Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 21
 year 1939 hour 3 P.M. minute _____ M.
 21. I hereby certify that I attended the deceased from Aug 15-39
 to Sept 2/39 1939
 that I last saw him alive on Sept 19th 1939
 and that death occurred on the date and hour stated above.

7. Birth date of deceased November 10, 1910
 (Month) (Day) (Year)
 8. AGE:
 Years 28 Months 10 Days 11
 If less than one day _____ hr. _____ min.
 9. Birthplace Burfordville Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Shoe maker
 11. Industry or business International Shoe Co
 MOTHER FATHER
 12. Name William Burnett Wiseman
 13. Birthplace Burfordville Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name W. J. Rice
 15. Birthplace Lafayette Mo.
 (City, town, or county) (State or foreign country)

Immediate cause of death Pulmonary Tuberculosis
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 7⁵
 Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature _____
 (b) Address 1317 N. Monroe - Cape Girardeau Mo
 17. (a) Rural (b) Date thereof Sept 23, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation McLure Cemetery
 18. (a) Signature of funeral director M. Gombert
 (b) Address Jackson Mo
 19. (a) Sept 25 39 (b) mo wm stivers
 (Date received local registrar) (Registrar's signature)

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)
 (e) Means of injury _____
 23. Signature W. J. Davault (M. D. or D.V.M.)
 Address Allowville Mo Date signed Sept 22 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

Thos R Allen

Licensed Embalmer No.

40507

P. O. Address

Jackson, 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, above space should be left blank.