

SEP 18 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32602

State File No. _____

Registration District No. 214

Primary Registration District No. 5774B

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Enon, Mo.
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
In this community 2
years, months or days (Specify whether)

8. (a) PRINT FULL NAME Cordelia Wiser
3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased June 4th, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>3</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____
MOTHER FATHER { 12. Name Nathaniel Wyrick
13. Birthplace Tenn
14. Maiden name Elizabeth Hicks
15. Birthplace Tenn.

16. (a) Informant Louis Wiser
(b) Address Enon, Mo.

17. (a) Burial (b) Date thereof Sept 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allen Cem.

18. (a) Signature of funeral director G.N. Steffens
(b) Address Russellville, E.C.

19. (a) Sept 14-40 (b) Mrs. Mahal Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town Enon.
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 11th, day _____
year 1940 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from Aug 10, 1940, to 9/11, 1940
that I last saw her alive on 9/8/40
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>myocarditis,</u>	<u>2</u>
<u>arterio-sclerosis</u>	<u>7</u>

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations A. A. A.
Of autopsy _____
PHYSICIAN _____

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?

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While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. D. Walter (M. D. or other) _____
Address Enon Mo Date signed 9/14/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *G. M. Stephens*

Licensed Embalmer No. 2307

P. O. Address..... Russellville.

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

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