

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14050

State File No. \_\_\_\_\_  
Registrar's No. 179180

Registration District No. 89 Primary Registration District No. 5131

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Wapapello, Star Route # 2  
(c) Name of hospital or institution: Home  
(d) Length of stay: In hospital or institution 4 years  
in this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 12  
(c) City or town Wapapello, Star Route # 2  
(d) Street No. Rural Star Route # 2  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME John David Wiseman

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Eliza Wiseman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 29 - 1875

8. AGE: Years 65 Months 3 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Clark Co. 19-ll

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name unknown  
13. Birthplace unknown 9  
14. Maiden name unknown  
15. Birthplace unknown 9

16. (a) Informant Earl Wiseman

(b) Address Wapapello Mo. Star Route # 2

17. (a) Removal (b) Date thereof April 19-21

(c) Place: burial or cremation Purico Mo.

18. (a) Signature of funeral director Frank Mortuary

(b) Address Poplar Bluff Mo

19. (a) 4/23/41 (b) Kate Lutz

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1941 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from Was NOT seen by me, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Probably Intracranial hemorrhage (Compression from hemorrhage) Due to arteriosclerosis & hypertension

Other conditions: 4 2 8 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 88

23. Signature J. B. Biggs Jr. MD (Specify type of place) \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

Address Poplar Bluff, Mo. Date signed 4/19/41

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

200

94

RECEIVED

District Health Officer No. 2

District File Number 541-637

Date Filed 5/17/41

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.

*not Embalmed*

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**