S. No. 2
M—5-42
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32565

Registrar's No. 8922

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 50
(c) City or town: DeSoto 2 NR
(If outside city or town limits, write "RURAL")
(d) Street No.: 118 East Kelly
(If rural, give location)
(e) Citizen of foreign country? i (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Ella Wideman
3. (b) If veteran, name war: no
3. (c) Social Security No. 499-05-9879
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: 3 Divorced
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 20 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
50	6	4	hr. min.

9. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Fred Haley
FATHER 13. Birthplace: ? (City, town, or county) ? (State or foreign country) 9
MOTHER 14. Maiden name: Sarah Gregory
MOTHER 15. Birthplace: ? (City, town, or county) ? (State or foreign country) 9
16. (a) Informant: Tony Wideman
(b) Address: DeSoto Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation: DeSoto, Mo
18. (a) Signature of funeral director: Lee Motherhead
(b) Address: DeSoto Mo.
19. (a) 27 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24 year 1942 hour 10 minute 10 a.m.
21. I hereby certify that I attended the deceased from October 22, 1942, to October 24, 1942; that I last saw her alive on October 24, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia	Duration
Due to: Pyelonephritis - nonculculous	
Due to:	
Other conditions: Multiple sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 87
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: F. R. Bradley (M. D. or other) XXXXX
Address: BARNES HOSPITAL Date signed: 10-24-42

844 (Licensed Embalmer's Statement on Reverse Side)

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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 Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address De Soto, Mo.

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, fact should be so stated above.