

FILED JAN 11 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40878

State File No.

Registration District No. 139

Primary Registration District No. 5541

Registrar's No. 91

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

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Rural - Union Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Two miles west / Craig, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Holt

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Two miles west Craig, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Allan Guy Wickiser

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1942 hour 8:30 minute 10 P. M.

21. I hereby certify that I attended the deceased from Dec 3
1942 to Dec 4 1942
that I last saw him alive on Dec 3 1942
and that death occurred on the date and hour stated above.

4. Sex Male 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
(Day) (Year)

7. Birth date of deceased Dec. 5 1942
(Month) (Day) (Year)

Immediate cause of death Asphyxia Renatorum Duration 1 1/2 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 161a

8. AGE: Years Months Days If less than one day
0 0 1 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name Guy Loren Wickiser

13. Birthplace Craig Mo
(City, town or county) (State or foreign country)

14. Maiden name Marjory Paul

15. Birthplace Mound City Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Guy Loren Wickiser

(b) Address Craig, Mo.

17. (a) Burial (b) Date thereof 12/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F Cemetery

18. (a) Signature of funeral director Wilbur L. Scholer

(b) Address Craig, Mo.

19. (a) 12-7-42 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____ (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 H. E. Paul D. O. S. (M. D. or other) _____

Address Mound City Mo. Date signed Dec 6

1180

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 Wilbur L. Scholer

Licensed Embalmer No. 3991

P. O. Address. Craig, 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.