

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 314

Primary Registration District No. 3010

Registration District No. 1953

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days) 4 years

3. (a) PRINT FULL NAME LOUISA NISWONGER

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 married

6. (b) Name of husband or wife W.J. Niswonger

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Dec 29 1871  
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Don't Know

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant W.J. Niswonger

(b) Address Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Edaugh Ave. Home

(b) Address Cape Girardeau Mo

19. (a) 10-8-43 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL.") 4

(d) Street No. 1230 S. Ramsey (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 6  
year 43 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from 8-10-43 to 10-6-43  
that I last saw PR alive on 10-6-43  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis of Liver

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 124 P1  
(Include pregnancy within 3 months of death)

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

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

Duration

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? \_\_\_\_\_

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

23. Signature F. W. Phelps (M. D. or other) MD

Address Cape Girardeau Date signed 10/6/43

RECEIVED

District Health Officer No. 4  
District File Number 1143-290  
Date Filed 11-8-43

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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.

Signature Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Republic, 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.