. S. No. 2
DM—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34771

State File No. 876

FILED NOV 8 1943 128

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 876

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: ~~Greene~~ Springfield.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 743 S. Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield,
(If outside city or town limits, write "RURAL")
(d) Street No.: 743 S. Jefferson
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: David Andrew Wickizer
3. (b) If veteran, name war: Unknown
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Alice Wickizer
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: May (Month) 12, (Day) 1861 (Year)

8. AGE: Years 82 Months 5 Days 11 If less than one day ___ hr. ___ min.

9. Birthplace: Earlville, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Retired Minister
11. Industry or business:
FATHER 12. Name: Timothy C. Wickizer
13. Birthplace: Unknown (City, town, or county) Pennsylvania (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Fulmer
15. Birthplace: Unknown (City, town, or county) Penna. (State or foreign country)
16. (a) Informant: Rev. Willard Wickizer
(b) Address: Indianapolis, Indiana
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Oct. 26, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Oskaloosa, Iowa
18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield, Missouri
19. (a) 10-26-43. (Date received local registrar) (b) D. W. Hardley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23, year 1943 hour 7:00 minute P. M.
21. I hereby certify that I attended the deceased from Few days only, 19__ to 10-23-(23) 1943 that I last saw him alive on 10-23 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senility (82) -	
Due to: Arteriosclerosis	1
Due to: Carcinoma Pylorus with Metastasis	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

H6 f

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: Garrett Hagg (M. D. ~~or other~~)
Address: Springfield Mo. Date signed: 10-27-43

(Licensed Embalmer's Statement on Reverse Side)

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 Lewis G. Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.