

S. No. 2
M-8-13
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27982**
Registrar's No. **46**

FILED AUG 20 1945

Registration District No. **27**

Primary Registration District No. **30 41**

1. PLACE OF DEATH:

(a) County **Mississippi**
(b) City or town **Charleston**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
321 E. Commercial St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **38 Years** (Specify whether
In this community **38 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mississippi**
(c) City or town **Charleston**
(If outside city or town limits, write "RURAL")
(d) Street No. **321 E. Commercial St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **None**

3. (a) PRINT FULL NAME **Ruth Josephine Wise**

3. (b) If veteran, name war **-----** 3. (c) Social Security No. **-----**

4. Sex **F** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Oscar Wise** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **September 10th 1890**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 **8** **20** hr. min.

9. Birthplace **Luray Virginia /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **-----**

12. Name **Daniel Webster Mitchell**

13. Birthplace **Luray Virginia /**
(City, town, or county) (State or foreign country)

14. Maiden name **Virginia Hisey**

15. Birthplace **Luray Virginia /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Oscar Wise**

(b) Address **Charleston, Mo.**

17. (a) **Burial** (b) Date thereof **6-3-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremations **I.O.E. Charleston, Mo.**

18. (a) Signature of funeral director **[Signature]**

(b) Address **[Address]**

19. (a) **6/1/45** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **30th**
year **1945** hour **10** minute **30** P. M.

21. I hereby certify that I attended the deceased from **May 5** 19 **45** to **May 30** 19 **45**.
that I last saw **HER** alive on **May 30** 19 **45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Centricular fibrill. 3 wks** Duration
Due to **Myocarditis** **D.K.**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: **no 938** PHYSICIAN
Of operations **-----**
Of autopsy **-----**
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) Means of injury **-----**
While at work **-----**
23. Signature **[Signature]** (M. D. or other) **-----**
Address **Charleston, Mo.** Date signed **6/1/45**

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

MOTHER FATHER

1257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 875-1028

Date Filed 8-8-45

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 John P. Rummel Jr
Licensed Embalmer No. 3851

P. O. Address Charleston, 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.