

State File No.

FILED FEB 13 1947
Registration District No.

Primary Registration District No. 5040

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number, or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Betty Wisdom

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 George P. Wisdom

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

7. Birth date of deceased December 13 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Greeley Colorado
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name David Burch

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Storma

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant George P. Wisdom

(b) Address Exeter, Missouri

17. (a) Burial (b) Date thereof 1-12-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville Mo

19. (a) Jan 30-1947 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th
year 1947 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 6 1947 to Jan. 6 1947
that I last saw her alive on Jan 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis 276

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: 93A

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) (a) Means of injury 2

23. Signature Ed McDaniel (att. of other)

Address Cassville, Mo Date signed 1/12/47

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

RECEIVED

District Health Officer No. 6,

District File Number 247-202

Date Filed FEB 10 1947

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 Margaret Culver
Licensed Embalmer No. 4389
P. O. Address Cassville

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.