

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3768

FILED FEB 3 1947

State File No.

Registration District No. 308

Primary Registration District No. 6238

Registrar's No. 1

1. PLACE OF DEATH:

(a) County: Washington

(b) City or town: Belgrade
(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: 17 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Washington

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Mary Emma Wideman

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1947 hour 12 minute 15 P. M.

4. Sex: fem / 5. Color or race: white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife: Charles Wideman

6. (c) Age of husband or wife if alive: 1870 years

7. Birth date of deceased: March 24
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 15, 1947 to Jan 17, 1947
that I last saw her alive on Jan 17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death:

8. AGE: Years 76 Months 9 Days 23
If less than one day: hr. min.

Duration:

Due to: Bronchial pneumonia following cold

Due to:

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

9. Birthplace: Jefferson County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: at home

11. Industry or business:

12. Name: Lucian Liverar

13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations: 107

Of autopsy:

PHYSICIAN:

Underline the cause to which death should be charged statistically.

16. (a) Informant: George Wideman

(b) Address: Belgrade Missouri

17. (a) burial (b) Date thereof: 1-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Belgrade Missouri

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director: Norman White & Sons

(b) Address: Ironton Mo.

19. (a) Feb 12 47 (b) Olla S White
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)

(c) Means of injury: 172/19

23. Signature: [Signature] (M. D. or other)

Address: [Signature] Date signed:

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

5-17-1913

Health Officer No. 4
District File Number 247-19
Date Filed 2-5-47

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 Russell White
Licensed Embalmer No. 2412
P. O. Address Imritas N.C.

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.