

FILED MAR 24 1947

State File No.

Registration District No. 219

Primary Registration District No. 5791

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Enon Rural
(c) Name of hospital or institution: 1
(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) County Moniteau
(b) City or town Enon
(If outside city or town limits, write "RURAL")
(c) Street No. _____
(If rural, give location) _____
(d) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME ZONA L. WISER

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ch. Wiser 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAR 3 1890
(Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 12 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name B. H. West

13. Birthplace Hickory Hill Mo
(City, town or county) (State or foreign country)

14. Maiden name Jane Broad

15. Birthplace Russellville Mo
(City, town or county) (State or foreign country)

16. (a) Informant C. S. Wiser

(b) Address Enon Mo.

17. (a) Burial (b) Date thereof Mar 18 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roads Gene

18. (a) Signature of funeral director W. Steffens

(b) Address Russellville Mo.

19. (a) 3/19/47 (b) C. H. Gail
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 13 year 1947 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from Mar 10 1947 to Mar 15 1947 that I last saw her alive on Mar 10 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation
Due to Acute Dilatation Duration Sudden

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) Organ of injury _____

23. Signature Walter L. Lurie (M. D. or other) _____

Address Russellville Date signed _____

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

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

G. Steffens

Licensed Embalmer No. *2307*

P. O. Address *Russellville 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, above space should be left blank.