

No. 2
-1/47
5-17-39

15002

FEDERAL BUREAU OF INVESTIGATION

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics

FILED JUN 15 1948
Registration District No.

Primary Registration District No. 5784

Registrar's No. 47

1. PLACE OF DEATH

(a) County Cape Girardeau

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

(c) Name of hospital or institution 3 miles west Miller ville 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 Entire Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Cape Girardeau

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

(d) Street No. 3 miles west Miller ville 11
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 00

If yes, name country ✓

3. (a) PRINT FULL NAME MARY CATHERINE NISWONGER

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 20 year 1948 hour 12 minute 40 A.M.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife John Daniel Niswonger

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

7. Birth date of deceased Nov. 10 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1st 1948 to May 20th 1948 that I last saw him alive on May 19th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Septic Cholecystitis

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|-----------|----------------------|
| <u>83</u> | <u>.6</u> | <u>10</u> | hr. min. |

Due to _____

Due to _____

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

Major findings: Of operations 11/2

Of autopsy _____

9. Birthplace Miller ville Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Wash Houk

13. Birthplace Miller ville Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Stroder

15. Birthplace Burfordville Mo. 0
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant John W. Niswonger

(b) Address Miller ville, Mo. 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-48
(Month) (Day) (Year)

(c) Place: burial or cremation Niswonger Cemetery

23. Signature Edw. Carter (M. D. or other) 00

Address Lodgeur Thelley Date signed 5/24/48

18. (a) Signature of funeral director J. B. Miller

(b) Address Jackson 2

19. (a) 6-12-48 (Date received local registrar)

(b) D. S. Schubert (Registrar's signature) 45

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4
District File Number 648-749
Date Filed 6-14-48

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.