

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26207**
Registrar's No. **45**

Registration District No. **11** Primary Registration District No. **5041**

1. PLACE OF DEATH:
(a) County **Barry**
(b) City or town **Rural Flat Creek Twp**
(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**
(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 **Lydia Wiselley**
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **16th**
year **1946** hour **11** minute **A.** M.

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **James T. Wiselley**
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased **January 12 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb. 27 1932** to **June 15 1946**
that I last saw her alive on **June 15 1946**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
78 5 4 hr. min.

Immediate cause of death **apoplexy** Duration **2 day**
Due to **essential hypertension** 6 years
Due to

9. Birthplace **Iowa**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

MOTHER FATHER

11. Industry or business
12. Name **Alfred Mills**
13. Birthplace **Iowa**
14. Maiden name **Lydia Morgan**
15. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
830

16. (a) Informant **M. E. Wiselley**
(b) Address **Cassville, Missouri**
17. (a) **Burial** (b) Date thereof **6-17-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Ridge Cemetery**

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?

18. (a) Signature of funeral director **Culver Funeral Home**
(b) Address **Cassville, Missouri**
19. (a) **July 22-1946** (b) **Grace Williams**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury
23. Signature **Ed McDaniel, M.D.**
Address **Cassville, Mo.** Date signed **6/18/46**

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

RECEIVED

District Health Officer No. 6,

District File Number 846-859

Date Filed AUG 14 1946

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.