

REC'D FEB 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2319
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 376
(b) Township _____ Primary Registration District No. 2001 Registered No. 54
(c) City SPRINGFIELD (d) Street No. Burgitt Ave St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 140 Carl Leon Wisel St. Cedar Creek Mo
(Usual place of abode, if no street address, write county or city) Cedar Creek Mo
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-11-1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 0 8 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla

FATHER 13. NAME Ernest R. Wisel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla

MOTHER 15. MAIDEN NAME Hatha F. Orr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ark

17. INFORMANT (ADDRESS) Ernest R. Wisel Cedar Creek Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cemetery, Jasper Co Mo DATE Jan 21 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. N. Young, Jr. Springfield Mo

20. FILED 1-20 1939 Chas. A. George No 276 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1939
22. I HEREBY CERTIFY That I attended deceased from Jan 19 1939 to Jan 19 1939
I last saw him alive on Jan 19 1939 Death is said to have occurred on the date stated above, at 12 midnight
The principal cause of death and related causes of importance were as follows:
Intussusception

Other contributory causes of importance: 127 B

Name of operation abd. drainage Date of Jan 19 1939
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Fred R. Farthing, M. D.
med arts Bldg

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER
OF THE STATE OF MISSISSIPPI
IN THE MATTER OF

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

J. B. King
Licensed Embalmer No. 3358

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, above space should be left blank.