

SEP 12 1939

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

29238
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 335
(b) Township Clay Primary Registration District No. 5470
(c) City or City (d) Street No. _____ 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 38 yrs. 10 mos. 12 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Benjamin Bolt Wishon

(a) Residence, No. Clay Twp., Harrison Co., Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Calestia Wishon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1900
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 10 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Harrison Co., Missouri.
(STATE OR COUNTRY)

FATHER 13. NAME Jessie T. Wishon
14. BIRTHPLACE (CITY OR TOWN) Harrison Co., Missouri.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Delilia Seymour
16. BIRTHPLACE (CITY OR TOWN) Harrison Co., Missouri.
(STATE OR COUNTRY)

17. INFORMANT Jessie Wishon
(ADDRESS) Davis City, Iowa.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miller Cemetery DATE July 31, 1939

19. FUNERAL DIRECTOR (NAME) W. H. Glass
(ADDRESS) Cainsville, Missouri.

20. FILED Aug 1, 1939 Mr. Wm E. Bowles
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1939
22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____
I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at about 2 P. M.
The principal cause of death and related causes of importance were as follows:

Drowning
accident while
swimming 182
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury July 29, 1939
Where did injury occur? near River north of Hannibal
(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? _____
If so, specify _____
(Signed) Joe E. Wheeler Coroner
(Address) Bethany, Mo.

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.

RECEIVED
District Health Officer No. 11
District File Number 939-1142
Date Filed SEP 7 1933

STATEMENT BY LICENSED EMBALMER

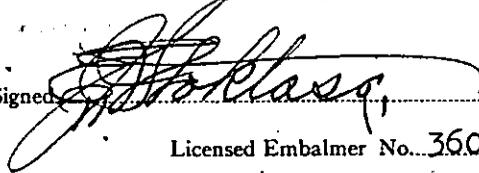
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~##~~

E. J. Stoklasa

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri

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.