

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

36414
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Galena Primary Registration District No. 5569 Registered No. _____
 (c) City Joplin RR (d) Street No. R. R. 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 210 Baby Wiser (Stillborn)

(a) Residence, No. _____ 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 Female

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29/39

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.
	0	0	0	None

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

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) Joplin RR, MO

FATHER

13. NAME William Wiser

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

MOTHER

15. MAIDEN NAME Belena McCorkle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin MO

17. INFORMANT (ADDRESS) Father

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairview DATE 10-28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Family

20. FILED 10-28, 1939 Ed P. James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1939

22. I HEREBY CERTIFY That I attended deceased from Oct 25, 1939, to Oct 25, 1939.
 I last saw him/her alive at Stillborn, 1939. Death is said to have occurred on the date stated above, at 3:05 a.m.
 The principal cause of death and related causes of importance were as follows:
Cause: Stillborn
Stillborn

Other contributory causes of importance:
Full Term

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? _____ 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? _____
 If so, specify _____ (Signed) W. H. Woodhouse, M. D.
312 (Address) Joplin MO

N. B.—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. 6,

District File Number 1139-2249

Date Filed NOV. 8, 1939

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, above space should be left blank.