

No. 2
11-10-39
5-17-40
P. 20

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16367**
Registrar's No. **6**

Registration District No. **878**

Primary Registration District No. **4531**

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Sheldon
(If outside city or town limits, write "RURAL" and name of township)
(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 69 yrs (Specify whether)
Years, months or days

8. (a) PRINT FULL NAME MARRY OLIVE WISEHART

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James Wisheart 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Jan. 23 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Provia Ill (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name A. J. Nail
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Dorilla Switzer
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Ray Wisheart
(b) Address Sheldon

17. (a) Burial (b) Date thereof April-14-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sheldon Cemetery

18. (a) Signature of funeral director G. B. Berry & Sons
(b) Address Sheldon Mo.

19. (a) April-13-1940 (b) Carroll T. Berry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Sheldon (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1940 hour 8 minute 30 PM

21. I hereby certify that I attended the deceased from March 15
1940 to April 12 1940
that I last saw her alive on April 12 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Senility
Chronic bronchitis
Due to Terminal bronchopneumonia
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) IDA

Major findings: _____
Of operations _____
Of autopsy _____

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? 792

While at work? _____ (Specify type of place) (e) Means of injury ✓

23. Signature Thomas F. Quercet (M. D. or other) ✓
Address Sheldon Mo Date signed 4/13/40

RECEIVED
District Health Officer No. 7,
9-KO-825
District File Number 9-X-40

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

Gerald Beeny

Registered Apprentice No. *217*

working under my personal supervision.

Signed

Carroll T. Beeny

Licensed Embalmer No. *2385*

P. O. Address *Sheldon Mo*

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.