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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21143

Registration District No. 58 Primary Registration District No. 5092 Registrar's No.

1. PLACE OF DEATH:

(a) County Bates.

(b) City or town Pleasant Gap Township.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(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) 200

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

(c) City or town Rural
(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.

3. (a) PRINT FULL NAME Louise Elizabeth Wix

3. (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 J. Wix Deceased

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan (Month) 29 (Day) 1862 (Year)

8. AGE: Years 78 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Dallas Texas (City, town, or county) 1 (State or foreign country)

10. Usual occupation House wife 1

11. Industry or business 4

FATHER
12. Name John Wulms 7
13. Birthplace Antwerp (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna Barbara Knopfle
15. Birthplace Zurich (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Mrs E. E. Morella
(b) Address Butler Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14. 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Meyers Cemetary

18. (a) Signature of funeral director Culver 0 C 3
(b) Address Butler Mo. 0 D

19. (a) 6-16-40 (Date received local registrar) (b) Mrs. Pauline Bain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from May 1936, 19, to June 12, 1940 that I last saw her alive on June 10th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to

Due to 131

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature L D La Hue (M. D. or other) Md
Address Butler, Mo Date signed 6/14/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-40-1003
Date Filed 7-9-40

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~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed R. Clinton Lisle

Licensed Embalmer No. 4123

P. O. Address Butler, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.