

FILED JUL 12 1940

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

21825

Do not use this space.

1. PLACE OF DEATH
- (a) County Harrison 2 Registration District No. 341
(b) Township Marion 0 Primary Registration District No. 5478
(c) City or _____ (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME 25 Hubh WISMAN
- (a) Residence, No. Harrison Co. mo Rural (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude Marshall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5, 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 13
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. Stock & grain
10. Date deceased last worked at this occupation (month and year) July, 1937 11. Total time (years) spent in this occupation 45
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no
- FATHER 13. NAME Hugh B. Wisman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk Ohio
- MOTHER 15. MAIDEN NAME Jucy Featherstone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no
17. INFORMANT (ADDRESS) Mrs Fred Melika no
Causeville
18. BURIAL, CREMATION, OR REMOVAL PLACE Blythebald DATE 3/4 40
19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Brown no
W. J. Brown
20. FILED 3/4 19 40 Kelchman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 19 40
22. I HEREBY CERTIFY, That I attended deceased from Feb 28 19 40 to Feb 28 19 40
I last saw him alive on Feb 28 19 40 Death is said to have occurred on the date stated above, at 3:15 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
12 W
- Date of onset 2-28-40
- Other contributory causes of importance:
2. Hypertension 1940
1940
- Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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) W. J. Brown M. D.
(Address) Bethany no

(Licensed Embalmer's Statement on Reverse Side)

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. 11,

District File Number

Date

740-1129
JUL 6 1940

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.....

James P. Rogan

Licensed Embalmer No.....

2020

P. O. Address.....

Ridgeway

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.