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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6685**

ED MAR 14 1941

Registration District No. **198**

Primary Registration District No. **3011**

Registrar's No. **30**

1. PLACE OF DEATH:

(a) County **Clay**
(b) City or town **Excelsior Springs**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ridgeway Drive!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no**. (Specify whether
In this community **16 years**. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay 24**
(c) City or town **Excelsior Springs!**
(If outside city or town limits, write "RURAL")
(d) Street No. **Ridgeway Drive!**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **FANNIE E. WISDOM**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **November unknown**
(Month) (Day) (Year)

8. AGE: Years **80** Months **3** Days **✓** If less than one day _____ hr. _____ min.

9. Birthplace **Lawsan Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **none**

12. Name **Thomas Crowley**
13. Birthplace **Lawsan Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Susan Nelson**
15. Birthplace **unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Jerome Statham**
(b) Address **Nardin, Mo.**

17. (a) **Burial** (b) Date thereof **Feb 26/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lawsan, Mo.**

18. (a) Signature of funeral director **Herbert Hope**
(b) Address **Excelsior Springs**

19. (a) **Feb 25-1941** (b) **Mrs. R. M. Backen**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **24** year **1941** hour **2** minute **0** P. M.

21. I hereby certify that I attended the deceased from _____ 19____ that I last saw him _____ alive on _____ 19____

and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation _____

Of autopsy _____

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? **at home**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Ridgeway Drive

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

23. Signature **R. W. Prather** (M. D. or other) **Coroner**
Address **Excelsior Springs, Mo.** Date signed _____

100 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Charles Virgil Hope

Licensed Embalmer No.

3950

P. O. Address.....

Clinton Springs

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, fact should be so stated above.