

S. No. 2
M-5-42
v. 5-17-3
3-5-X3272

13958

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 10 1943

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 120

16
4

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

1. PLACE OF DEATH:

(a) Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days Specify whether

In this community 2 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Bollinger

(c) City or town Marble Hill
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jacob H. Wicecarver

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Connie Wicecarver

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: 12 23 1845
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>3</u>	<u>17</u>	hr. min.

9. Birthplace Near Jackson Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Owner of store

11. Industry or business General mdr.

MOTHER FATHER

12. Name William Wicecarver

13. Birthplace Near Jackson Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Mary C. Morrison

15. Birthplace Near Jackson Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Thos H. Dillers

(b) Address Marble Hill, Mo.

17. (a) Burial (b) Date thereof 4-11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson, Mo.

18. (a) Signature of funeral director G. L. Gravat

(b) Address Jackson, Mo.

19. (a) 4-12-43 (b) G. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1943 hour 12:15 minute a M.

21. I hereby certify that I attended the deceased from 3-28, 1943 to 4-9, 1943
that I last saw him alive on 4-9, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to Initial Hypertension
Chronic Infection

Due to Terminal Pyelitis
Arterio Sclerosis

Other conditions (include pregnancy within 3 months of death)

Major findings: 93d

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? ✓

While at work ✓ (Specify type of place)

(a) Means of injury ✓

23. Signature Thos H. Dillers (M. D. or other) Thos
Address Jackson, Mo. Date signed 4-10-43

1014

RECEIVED

District Health Officer No. 4
Dist. or File Number 543-2191
Date Filed 5-7-43

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 Gene C. Cracraft

Licensed Embalmer No. 4327

P. O. Address Jackson, 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, fact should be so stated above.