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DM-542
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 19 1943
Registration District No. 109

Primary Registration District No. 5424

Registrar's No. 13

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

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1. PLACE OF DEATH:

(a) County... Dunklin, Union

(b) City or town... Bernie Rural, Mo

(c) Name of hospital or institution: Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... _____ (Specify whether)

In this community... 35 1/2 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State... mo (b) County... Dunklin, Mo

(c) City or town... Bernie "Rural" Mo

(If outside city or town limits, write "RURAL")

(d) Street No... Union Stoop

(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME... Mandy Wilmath

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Mar, day... 29, year... 1943, hour... 5, minute... 20 a.m.

4. Sex... Female 5. Color or race... White

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

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

7. Birth date of deceased... Jan 9 - 1856

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from one time only March 28, 1943, that I last saw her alive on March 28, 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>2</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death... arteriosclerosis

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

Due to _____

Due to _____

Other conditions... 97 (Include pregnancy within 3 months of death)

10. Usual occupation... Housework

11. Industry or business... _____

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name... Archer Fisher

13. Birthplace... Tenn (City, town, or county) (State or foreign country)

14. Maiden name... Clark

15. Birthplace... Ark (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant... B. O. Wilmath

(b) Address... Bernie Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... Mar 31-43 (Month) (Day) (Year)

(c) Place: burial or cremation... Pleasant Valley

18. (a) Signature of funeral director... Lander & Son

(b) Address... Campbell Miss

19. (a) 4-1-1943 (Date received local registrar) (b) Mrs. L. P. Oliver (Registrar's signature)

23. Signature... F. O. Valley P.D. (M. D. or other)

Address... Box 157 Bernie Mo Date signed... 3/31/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1150

RECEIVED

District Health Office No. 2,

District File Number 443-373

Date Filed 4-15-48

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 E. W. Sanders

Licensed Embalmer No. 2289

P. O. Address Campbell, 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.