

FILED MAY 27 1943

Registration District No. 756

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Home Aet Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether

In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1701 Moffet
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jerome C. Wideman

3. (b) If veteran, name war ***

3. (c) Social Security No. ***

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, 2 divorced Widow

6. (b) Name of husband or wife Clara B. Wideman

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

7. Birth date of deceased May 26, 1853
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>11</u>	<u>8</u>	_____ hr. _____ min.

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

10. Usual occupation retired

11. Industry or business same

MOTHER FATHER {

12. Name Ludwig Wideman

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name Long

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gene Koak

(b) Address 1701 Moffet, Joplin, Mo.

17. (a) Burial (b) Date thereof May 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin Mo.

19. (a) 5-5-43 (b) Gertrude Sudharter
(Date received local registrar) (Registrar signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1943 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 25 to May 3, 1943
that I last saw him alive on May 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cholecystitis

Due to Lobar pneumonia

Duration 5 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108

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? _____
(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 _____

Signature Dr. E. J. ... (M. D. or other) _____
Address 7060 10 1st St. Joplin Mo.

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

49
2
5

49
2
5

1204

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.....
.....
working under my personal supervision.

Signed.....

Registered Apprentice No.....

Licensed Embalmer No.....

P. O. Address.....

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.