

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31305**
Registrar's No. **275**

FILED OCT 7 1943 3

Registration District No. **5/38**

Primary Registration District No. **5/38**

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Rural - Cane Creek**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Lifetime** years, months or days

3. (a) PRINT FULL NAME **Hester Ann Wisecarver**

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **February 19, 1851**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 **6** **11** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **William King**

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

14. Maiden name **Marta Keener**

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

16. (a) Informant **Jess Wisecarver**

(b) Address **Route 1, Ellsinore, Missouri**

17. (a) **Burial** (b) Date thereof **Aug. 31, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old Shiloh Cemetery**

18. (a) Signature of funeral director **Greer Croy**

(b) Address **Poplar Bluff, Missouri**

19. (a) **9-8-43** (b) **Willie Turner**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**
(c) City or town **Rural Ellsinore**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 1**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **30**
year **1943** hour **5:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Aug. 29, 1943** to **Aug. 30, 1943**
that I last saw him alive on **Aug. 29, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy**
Hypertension
Renality
Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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) (e) Means of injury _____

23. Signature **J. L. Seemance** (M. D. or other)
Address **Poplar Bluff, Mo.** Date signed **9/2/43**

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

RECEIVED

District Health Office No. 2,

District File Number 1043-1216

Date Filed 10-5-43

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.....
..... Not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

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.