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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 25-1

Primary Registration District No. 5-8-5-4

Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Hopkins *Union*

(c) Name of hospital or institution: 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 Life years, months or days

3. (a) PRINT FULL NAME Silas Ambery Wiseman

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, widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug 12 1867

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>5</u>	<u>9</u>	hr. _____ min.

9. Birthplace Humboldt Neb

(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John Wiseman

13. Birthplace Unknown Unknown

(City, town, or county) (State or foreign country)

14. Maiden name Unknown Unknown

15. Birthplace Unknown Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant Julia Mochey

(b) Address Hopkins Mo.

17. (a) Burial (b) Date thereof Jan 23 1944

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation workmen cemetery hopkins Mo.

18. (a) Signature of funeral director Stanley Swannan

(b) Address Hopkins Mo

19. (a) 1-24-44 (b) Alice Barber

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway

(c) City or town Hopkins, Rural

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st

year 1944 hour one minute 30 M.

21. I hereby certify that I attended the deceased from 1/1 1944 to 1/21 1944

that I last saw him alive on 1/18 1944

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

Immediate cause of death Senility

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1628

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

23. Signature C. W. J. 196 (M. D. or other)

Address Hopkins Date signed 1/23/44

Physician Unknown

Underline the cause to which death should be charged statistically.

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.

myself

....., Registered Apprentice No.....

Signed *Stanley Swanson*

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, 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.