

FILED MAY 11 1944

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 minutes  
(Specify whether  
In this community life  
years, months or days)

3. (a) PRINT FULL NAME NANNIE WISKERSON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife Luther Hart 6. (c) Age of husband or wife if alive 22 years  
7. Birth date of deceased April 22 1876  
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 3 If less than one day  
hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name C. J. Wiskerson  
13. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Catherine Harlow  
15. Birthplace unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. S. Hart  
(b) Address R.R. #1 DeKalb, Mo.  
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/27/44  
(Month) (Day) (Year)  
(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Robert Bowman  
(b) Address 310 South 10th  
19. (a) 3/27/44 (Date received local registrar) (b) Rose Heagy (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town "Rural" Bloomington  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. #1 DeKalb, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
year 1944 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 1943 to mar 25 1944  
that I last saw her alive on mar 25 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Carcinoma of breast 2 yrs  
Duration

Due to  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy No

22. If death was due to external cause, 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 E. B. McAdow (M. D. or other)  
Address DeKalb, Mo Date signed mar 26 1944

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. E. B. McAdams

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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 \_\_\_\_\_

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.