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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 8 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17700

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 184.

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: South East ~~6 days~~ Mo. Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community 6 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16

(c) City or town Randles (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 1

3. (a) PRINT FULL NAME ANNIE LAURA WILDE

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 Widowed

6. (b) Name of husband or wife Emil Wilde

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

7. Birth date of deceased Aug. (Month) 27 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	8	26	br. min.

9. Birthplace Springfield (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Gabriel Isenberger
13. Birthplace Springfield (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Annie Laura Newbrandt
15. Birthplace Dayton (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Carrie Forbis

(b) Address Flint, Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Hogan Cem. Near Dexter Mo.

18. (a) Signature of funeral director Lloyd S. Morgan

(b) Address Advance, Mo.

19. (a) 6-2-44 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1944 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 12, 1943, to May 28, 1944, that I last saw her alive on May 28nd, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Agranulocytosis	?
Due to	
Due to	
Other conditions Gangrenous hemorrhoids (Include pregnancy within 3 months of death)	
Major findings: Of operations 76a	
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

23. Signature W. H. Wiercoat (M. D. or other)

Address Cape Girardeau Mo Date signed 6-1-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 644-3940

Date Filed 6-7-44

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 Floyd S. Morgan, Registered Apprentice No. ..... working under my personal supervision.

Signed Floyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, 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.