

No. 2
8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18801

State File No.

FILED JUN 24 1944 3

Registration District No. 2

Primary Registration District No. 5890

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Ozark

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

(c) Name of hospital or institution: Pontiac mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community Life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark??

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

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Sarah L. Wisdom

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

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

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month April day 4 year 1944 hour 7 minute --- M.

21. I hereby certify that I attended the deceased from March 24, 1944 to April 4, 1944
that I last saw her alive on April 3, 1944
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 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 Jan 19 1886
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis & embolization with edema

Due to ---

Due to ---

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

8. AGE: Years 58 Months 2 Days 4 If less than one day --- hr. --- min.

9. Birthplace Ozark Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business ---

12. Name Frank Sanders

13. Birthplace Ozark Co MO
(City, town, or county) (State or foreign country)

14. Maiden name Mary Madlock

15. Birthplace Ozark Co MO
(City, town, or county) (State or foreign country)

Physician ---

Underline the cause to which death should be charged statistically.

Major findings:
Of operations ---

Of autopsy ---

16. (a) Informant Lewis Wisdom

(b) Address Pontiac mo

17. (a) burial (b) Date thereof April 5 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pontiac Cemetery

18. (c) Signature of funeral director M.C. Cluse

(b) Address Pontiac mo

19. (a) 4-8-1944 Mary H. Johnson
(Date received local registrar) (Registrar's signature)

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 M.J. Sherman (M. D. or other) DD
Address Gardenville, mo Date signed 4/7/44

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

MOTHER FATHER

584

RECEIVED

District Health Officer No. 6

District File Number 644-699

Date Filed JUN 7, 1944

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.

Signature

Lawrence L. Hall

Licensed Embalmer No.

2784

P. O. Address

Genevieve

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June
Registrar's No. 1

Registration District No. 263 Primary Registration District No. 5-890

1. PLACE OF DEATH:
(a) County York
(b) City or town Rural Portage Imp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) (Specify whether

3. (a) PRINT FULL NAME Sarah L. Wisdom
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 19 1901
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 4 (Unless than one day, min.)

9. Birthplace _____ (City, town, or county) (State or foreign country) mo.

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
{ 12. Name _____
{ 13. Birthplace _____ (City, town, or county) (State or foreign country)
{ 14. Maiden name _____
{ 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April 1944 year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Septicemia with edema

Due to _____
Due to _____
Other conditions nephritis
(Include pregnancy within 30 months of death)
Major findings: Chronic
Of operations _____
Of autopsy 131F

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 M. J. Bernier (M.D. or other) _____
Address Shannonville, Mo Date signed 6/23/44

Duration 10 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Supplementary

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

1881