

FILED JAN 7 1947
Registration District No. 32

Primary Registration District No. 4043

State File No.

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Bollinger County
(b) City or town Marble Hill, Lawrence
(If outside city or town limits, write "RURAL" and name of township)
(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 35 years (Specify whether)
years, months or days3. (a) PRINT
FULL NAME

CONNIE ELLEN WISECARVER

3. (b) If veteran,
name war ✓3. (c) Social Security
No. ✓4. Sex Female 5. Color or white
6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife J. H. Wiscarver 6. (c) Age of husband or wife if
alive ✓ years7. Birth date of deceased April 27 - 1872
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
74 7 23 hr. min.9. Birthplace Jackson Mo
(City, town, or county) (State or foreign country)10. Usual occupation Housekeeper

11. Industry or business

12. Name Thos F. Cannon13. Birthplace Jackson Mo
(City, town, or county) (State or foreign country)14. Maiden name Laura Spear15. Birthplace Jackson Mo
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. M. S. Henderson
(b) Address Jackson Mo17. (a) Burial (b) Date thereof 12-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Russell Heights18. (a) Signature of funeral director R. B. Miller(b) Address Jackson19. (a) Dec 28, 1946 (b) Phyllis H. Dandridge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bollinger
(c) City or town Marble Hill, Bollinger
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20
year 1946 hour 8 minute 10 A.M.21. I hereby certify that I attended the deceased from
5-14-46 to 12-18-46
that I last saw him alive on 12-18- 1946
and that death occurred on the date and hour stated above.Immediate cause of death Left Hemiplegia
High Cerebral
Due to ApoplexyDue to Arterio Sclerotic
Hyper-Tension
Other conditions Cor. Myocarditis
(Include pregnancy within 5 months of death)Major findings: ✓
Of operations ✓
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 ✓ about home, on farm, in industrial place, in public place?While at work? ✓ (Specify type of place) (c) Means of injury23. Signature Phyllis H. Dandridge (M. D. or other) MD
Address Jackson, Mo Date signed 12-21-46

FEB 11 1948

RECEIVED

Health Officer No. 4
File Number 147-
Date Filed 1-6-47

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 *Gene C. Crockett*

Licensed Embalmer No. *4327*

P. O. Address *Jackson, TN*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.