

S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAY 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13274**
 Registrar's No. **109**

Registration District No. **137**

Primary Registration District No. **4218**

1. PLACE OF DEATH:
 (a) County **Henry**
 (b) City or town **Windsor**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Community Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 years**
(Specify whether years, months or days)
 In this community **12 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Henry**
 (c) City or town **Windsor**
(If outside city or town limits, write "RURAL")
 (d) Street No. **203 East Jackson**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINTED FULL NAME **William Riley Wiseman**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **30**
 year **1947** hour **11:50 P M** minute _____ M.
21. I hereby certify that I attended the deceased from **4-1**
1947 to **4-30** 19**47**
 that I last saw him alive on **4-30** 19**47**
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Mrs. Sarah Kidwell Wiseman** 6. (c) Age of husband or wife if _____ years
 7. Birth date of deceased **November 22 1851**
(Month) (Day) (Year)

Immediate cause of death **Chronic Myocarditis**
 Duration **?**
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years **95** Months **5** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **unknown** **Iowa**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Farming-retired**

11. Industry or business _____
MOTHER FATHER
 12. Name **Richard Wiseman**
 13. Birthplace **unknown** **W. Virginia**
(City, town, or county) (State or foreign country)
 14. Maiden name **Clarissa Childers**
 15. Birthplace **unknown** **Ohio**
(City, town, or county) (State or foreign country)
 16. (a) Informant **W. H. Wiseman**
 (b) Address **Windsor, Missouri**
 17. (a) **Burial** (b) Date thereof **5-4-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Climax Springs, Mo.**
 18. (a) Signature of funeral director **Huston Turner**
 (b) Address **Windsor, Missouri**
 19. (a) **5-3-1947** (b) **R. R. Kernen**
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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? **0**
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature **Ray B. Jordan** (M. D. or other) _____
 Address **Windsor, Missouri** Date signed **5-1-47**

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

2
2
0

42
2
0

RECEIVED
District Health Officer No. 7
District File Number 4-47-531
Date Filed 5-5-47

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.....

William M. Turner

Registered Apprentice No. *470*

working under my personal supervision.

Signed *Edith Auster*

Licensed Embalmer No. *3391*

P. O. Address *Windsor, 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.