

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26737

Registration District No. 22

Primary Registration District No. 4042

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Lutesville
(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

3. (a) PRINT FULL NAME MARY WICESCARVER

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 Widow
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Feb. 7 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Madison Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Inf.

11. Industry or business ✓
12. Name Emmanuel Sitye
13. Birthplace Madison Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Bessie Young
15. Birthplace Bollinger Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jake Wicescarver
(b) Address 3322 Vista, St. Louis, Mo.

17. (a) Burial (b) Date thereof Aug. 3, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutesville, Mo.

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo.

19. (a) Aug. 12, 1947 (b) Miss H. Campbell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger
(c) City or town Lutesville
(If outside city or town limits, write "RURAL")
(d) Street No. Lorance Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1
year 1947 hour 10 minute 1 A.M.

21. I hereby certify that I attended the deceased from

19 to 19;
that I last saw him alive on 8/10/47 19;
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac decompensation

Due to Heart Distraction

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 191
Of autopsy 19

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) (e) Means of injury 2

23. Signature John J. Hyman (M. D. or other)
Address Lutesville Date signed 8/9/47

RECEIVED

District Health Officer No. 4
District File Number 847-1078
Date Filed 8-19-47

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Rutland, Ma

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.