

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31818
Registrar's No. 45

Registration District No. 287

Primary Registration District No. 4319

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Belle Mo
(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 Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Martha Adeline Wieman

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex Female 5. Color or race White 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 Feb 13 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 3 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name M.D.L. Wieman

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Elizebeth Bergess
(City, town, or county) (State or foreign country)

15. Birthplace Fuerville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ann Goers

(b) Address Bland Mo

17. (a) Burial (b) Date thereof 9-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Francis Cemetery

18. (a) Signature of funeral director Blyde Norton

(b) Address Linn Mo

19. (a) 9-22-47 (b) Pauline Howard
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town Belle Mo
(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 9 day 16
year 1947 hour 12 minute 00 a.m.

21. I hereby certify that I attended the deceased from Sept 12
1945 to Sept 16 1947
that I last saw him alive on Sept 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer uterus of 2 1/2 months Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 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 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 J. A. Jones (M. D. or other)
Address Belle Mo Date Sept 19/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-6-47

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..... *Vernon M. Morton*
Licensed Embalmer No..... *4125*
P. O. Address..... *Lynn*

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.