S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32082

Registration District No. 278 — Primary Registration District No. 3054 — Registrar's No. 94

1. PLACE OF DEATH:

(a) County: Pike
(b) City or town: Louisiana (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike Co. Hospital. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 Days (Specify whether
In this community: 20 years (Concurrently)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pike
(c) City or town: Louisiana (If outside city or town limits, write "RURAL")
(d) Street No.: 217 South 6th St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Nina Belle Widaman
3. (b) If veteran, name war:
3. (c) Social Security No. 493-03-8627
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: William Widaman
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: February (Month) 23 (Day) 1891 (Year)

8. AGE: Years 56 Months 6 Days 9 — If less than one day: hr. min.

9. Birthplace: Louisiana (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Factory Worker
11. Industry or business: Garment.

FATHER
12. Name: Jeptha D. Newman
13. Birthplace: Pike Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Jennie Brandon
15. Birthplace: Pike Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Mrs. Walter Thomas
(b) Address: Louisiana Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/4/1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Laddonia Mo
18. (a) Signature of funeral director: Garner & Sterne
(b) Address: Louisiana Mo.
19. (a) 9-4-47 (Date received local registrar) (b) Bernice Collier (Registrar's signature) 474

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 2 year 1947 hour 3 minute 00 AM.
21. I hereby certify that I attended the deceased from 2-1, 1947, to 9-2, 1947 that I last saw her alive on 9-2, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration
Due to:
Due to: ~~Death~~
Other conditions: Diabetes Mellitus — (Include pregnancy within 3 months of death)
Major findings: Of operations: None
Of autopsy: (0)

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? None (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)
While at work? (e) Means of injury: 0

23. Signature: [signature] (M. D. ~~or other~~)
Address: Louisiana, Missouri Date signed: 9-3-47

(Licensed Embalmer's Statement on Reverse Side)

OCT 10 1947

RECEIVED
District Health Officer No. 10
District File Number 10-47-1345
OCT - 4 1947
Date Fu

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

Virginia M. Sterne, Registered Apprentice No. 491,

working under my personal supervision.

Signed Harold E. Sterne

Licensed Embalmer No. 3220

P. O. Address Louisiana 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.