S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

35354

State File No.

FILED OCT 29 1947

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 234

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 415 So 4th St
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")
(d) Street No. 415 So 4th St 3
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hattie K Brooks
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 Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 4th (Day) 1878 (Year)

8. AGE: Years 69 Months 8 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) Ill. (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Louis Wisman
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Salome Sauer
15. Birthplace (City, town, or county) Switzerland (State or foreign country)
16. (a) Informant Chas. Wisman
(b) Address Moberly Mo
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Oct 21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Mo
18. (a) Signature of funeral director Graham and Son
(b) Address Moberly Mo
19. (a) Oct 21-47 (Date received local registrar) (b) Leah Williams Howe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20th
year 1947 hour 7 minute 30 a M.

21. I hereby certify that I attended the deceased from Have not seen her before, 19 to 19
that I last saw her alive on 20 Oct 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	30 min
Due to Arteriosclerosis, general.	
Due to	
Other conditions None. (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None.	

PHYSICIAN
Underline the cause of 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)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD
Address Woodland Hospital Moberly Date signed Oct 22 '47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 10 1947

RECEIVED
District Health Officer No. 10
District File Number 10-47-1468
Date Filed OCT 27 1947

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 Frank D. De Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.