

S. No. 2
4-5-43
5-17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7807

FILED MAR 17 1948
Registration District No. 28

Primary Registration District No. 3006

Registrar's No. 59

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

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 63 days (Specify whether
In this community 63 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Coss
(c) City or town Harrisonville
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Selma Louise Chisman

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 Married

6. (b) Name of husband or wife Calvin Chisman
6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Nov. 20 1918
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	29	3	24	hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name Henry Herbert Wigginton

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

14. Maiden name Allie Lee Martin

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

16. (a) Informant Calvin Chisman

(b) Address Harrisonville, Mo.

17. (a) Removal (b) Date thereof 2-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Parsons Funeral Service

(b) Address Columbia, Mo.

19. (a) 2-24-48 (b) Mrs. R. E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
year 1948 hour 2 minute 45 A M.

21. I hereby certify that I attended the deceased from
12/23, 1947, to 2/24, 1948
that I last saw her alive on 2/24/48
and that death occurred on the date and hour stated above.

Immediate cause of death Pyelonephritis, acute, bilateral
Due to Epidermoid Carcinoma of cervix
Duration 1 month
1 year

Other conditions 48A
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy metastatic growth in para aortic nodes

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 C. A. McGehee (M. D. or other)
Address Ellis Fischel State Cancer Date signed 2/24/48

3/10/18
District Health Officer No. 9,
RECEIVED

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 Thos L. Waring
Licensed Embalmer No. 4132
P. O. Address Columbia, 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.