

S. No. 2
M-1/47
7-5-17-39

FEDERAL SECURITY AGENCY

Central Office of Vital Statistics

FILED APR 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

113403

State File No.

Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 257

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 507 East Commercial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... All of Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Charleston
(If outside city or town limits, write "RURAL")
(d) Street No. 507 East Commercial
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Elizabeth Hisey

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife John F. Hisey, Dec'd 1899 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased August 10 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 7 18 hr. min

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

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER
12. Name Stephen Bastian
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Krantz
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Norma Hisey
(b) Address Charleston, Missouri

17. (a) Burial (b) Date thereof 3-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation M.O.O.F. Cemetery, Charleston, Missouri

18. (a) Signature of funeral director [Signature]
(b) Address Charleston, Missouri

19. (a) 4-13-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
year 1948 hour 8:00 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 28, 1947, to Mar 28, 1948
that I last saw h. h alive on Mar 28, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema
Duration 2 hours

Due to Cardiac Decompensation 13 mon

Due to Arteriosclerotic System & Chronic Hypertension

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
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)

23. Signature William J. Davis (M. D. or other) MD
Address Charleston Mo Date signed 4-2-48

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

RECEIVED

District Health Office No. 2,

District File Number 448-487

Date Filed 4-19-48

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

John F. Munnelle Jr

Licensed Embalmer No. 3851

P. O. Address

Charleston, 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.