S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

29588

State File No.

Registration District No. 137 — Primary Registration District No. 4218 — Registrar's No. 197

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Community Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. RFD? Calhoun (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Lee Wiseman
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 19 (Day) 1947 (Year)

8. AGE: Years	Months	Days	If less than one day
	8	25	hr. min.

9. Birthplace Windsor (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name C. B. Wiseman
13. Birthplace Lamonte (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Maxine Coffey
15. Birthplace Stoutland (City, town, or county) Missouri (State or foreign country)
16. (a) Informant C. B. Wiseman
(b) Address RFD, Calhoun, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri
18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri
19. (a) 9-18-48 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 year 1948 hour 5 minute a M.
21. I hereby certify that I attended the deceased from Sept 12, 1948, to Sept 14, 1948 that I last saw him alive on Sept 14, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Toxemia	2 days
Bronchial Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 10.7	
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)
While at work (e) Means of injury
23. Signature Geo. A. Windsor (M. D. or other) P.O.
Address Windsor, Mo. Date signed 9-15-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-48-1109
Date Filed 9-20-48

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 William M. Lusnik, Registered Apprentice No. 470, working under my personal supervision.

Signed Elbridge Kinston

Licensed Embalmer No. 3391

P. O. Address Windsor 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.