

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 24 1947
Registration District No. 242

Primary Registration District No. 5896

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Wasola ~~Wasola~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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 Ozark 77

(c) City or town Wasola 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location) 0

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lillie Wissinger

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1947 hour 11 minute 30 F. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Dan Wissinger 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 14, 1969
(Month) (Day) (Year)

Immediate cause of death.....
Coronary Occlusion 10 Min

8. AGE: Years 77 Months 9 Days 25 If less than one day
hr. min.

Due to.....
Due to.....

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

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death).....
Major findings: Of operations.....
Of autopsy.....

11. Industry or business.....

MOTHER FATHER { 12. Name W., T. Pters 9

{ 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name A. Eline B. Asket
(City, town, or county) (State or foreign country)

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

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) (c) Means of injury.....

16. (a) Informant E. H. Johnson 1

(b) Address 741 N. Union

17. (a) Paris, City (b) Date thereof 3-13-47
Burial, cremation, or removal (Month) (Day) (Year)

(c) Place: burial or cremation Peters

23. Signature M. J. Sherman (M. D. or other) 20
Address Lawrenceville, Mo. Date signed 3/18/47

18. (a) Signature of funeral director Clinkingbeard Funeral H
(b) Address Ava, Missouri

19. (a) 3-20-47 (b) May Johnson
(Date received local registrar) (Registrar's signature)

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..... *W.B. Hutchison*

Licensed Embalmer No... *3431*

P. O. Address... *Orma md*

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.