

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18544
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Joplin Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. 57 Phis Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. Joplin, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Callie Joe Wise

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 24 1891

7. AGE YEARS 47 MONTHS 11 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. mining
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo

13. NAME John F. Wise

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru

15. MAIDEN NAME Alice Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Connor Wise

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cem. DATE 5-24-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank G. Hubert

20. FILED 5-23-38 W. D. James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22-38

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw him alive on May 20, 1938 Death is said to have occurred on the date stated above, at 10:45/22/38
The principal cause of death and related causes of importance were as follows:

Fractured and mangled right leg of bone fractured at right knee automobile accident
Other contributory causes of importance: Shock and loss of blood (was riding in car)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Cause of injury fall, 1938
Where did injury occur? Highway N. Newton, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway N. Newton, Mo.
Manner of injury Automobile accident
Nature of injury Fractured right leg at right knee

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. D. James M. D.
(Address) Joplin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No. 959

P. O. Address Jasper Miss.

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, above space should be left blank.