

Registration District No. 125 Primary Registration District No. 3109 Registrar's No. 279

1. PLACE OF DEATH:  
(a) County CAPE  
(b) City or town CAPE BIRDCREAN  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ST. FRANCIS - 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT FULL NAME William G. Wisdom  
8. (b) If veteran, name war No 8. (c) Social Security No. 205

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Celia 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased Sept 24 1876  
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 7 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business  
12. Name SAM WISDOM  
13. Birthplace TENN  
(City, town, or county) (State or foreign country)  
14. Maiden name SARA JANE ?  
15. Birthplace Celia TENN  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Celia Wisdom  
(b) Address Marston, Mo.

17. (a) Burial (b) Date thereof Aug. 22-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Edwin Ellis  
(b) Address Liberty, Mo.

19. (a) 8-21-40 (b) Tom Thompson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County New Madrid  
(c) City or town Marston, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 31<sup>st</sup>  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Auto Accident  
Ch. Coroner E. P. Brisker after having the  
dissection in the case find that the  
Due to Deceased William G. Wisdom came  
to his death by accident while  
Due to driving his car and hitting a  
concrete culvert causing this  
Other conditions death  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 11/11/40  
PHYSICIAN \_\_\_\_\_  
Underline the cause to 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?  
Yes on road near Marston, Mo.  
While at work? on road near Marston, Mo. (e) Means of injury Hit by car

23. Signature E. P. Brisker Coroner (M.D. or other) \_\_\_\_\_  
Address H. S. Pacific 4<sup>th</sup> St. Marston, Mo. Date signed 21/11/40

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

*Travis Shelby*

Licensed Embalmer No.....

*2726*

P. O. Address

*East Prairie, 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, above space should be left blank.**