

Registration District No. 391

Primary Registration District No. 4230

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(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 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds
(c) City or town Greeley
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
year 1940 hour 6 minute 45 P. M.
21. I hereby certify that I attended the deceased from 11
November 26, 1940 to December 6, 1940
that I last saw him alive on December 6, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death pulmonary embolism

Duration

Due to Post operative
Due to _____
Other conditions Appendicitis, acute
(Include pregnancy within 5 months of death)

PHYSICIAN

Major findings:
Of operations Acutely inflammed appendix
which was removed 11-27-40.
Of autopsy _____
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?

23. Signature George Gay, M.D. (M. D. or other) 1
Address Ironton, Missouri
Date signed 12-9-40

3. (a) PRINT FULL NAME Emsy Wisdom
3. (b) If veteran, name war #
3. (c) Social Security No. #

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bessie Wisdom
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Sept. 30, 1894
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 5
If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Marion Wisdom
13. Birthplace Dent Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Bell Adams
15. Birthplace Reynolds Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Sarjent Wisdom
(b) Address Greeley Mo.

17. (a) burial (b) Date thereof 12/7/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greeley Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address P. S. White Ironton Mo.

19. (a) Dec-10-40 (b) Julia A. Denton
(Date received by local registrar) (Registrar's signature)

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

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.....

P. O. Address.....

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.