

No. 2  
-13-40  
17-39  
X23159

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **701**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution:  
**6451 Wells Avenue.**  
(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

3. (a) PRINT FULL NAME **Fairy Bohne Wissore**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **497-05-5723**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Thornton W. Wissore Jr**

6. (c) Age of husband or wife if alive **22** years

7. Birth date of deceased **October 29, 1918**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>23</b>	<b>5</b>	<b>0</b>	hr. _____ min.

9. Birthplace **Hillsboro Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Telephone Operator**

11. Industry or business **Southwestern Bell Telephone Co.**

MOTHER FATHER

12. Name **Fillmore L. Bohne**

13. Birthplace **Jefferson Co. Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Fern Partney**

15. Birthplace **Hillsboro Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Fern Bohne**

(b) Address **Route 1, Robertson, Mo.**

17. (a) **Burial** (b) Date thereof **4/1/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Laurel Hill Cemetery**

18. (a) Signature of funeral director **Shepard Funeral Home**

(b) Address **1167 Hamilton Avenue.**

19. (a) **MAR 31 1941** (b) **F.R. [Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Wellsston**  
(If outside city or town limits, write "RURAL")

(d) Street No. **6538 Hobart Avenue.**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29, 1941**  
year **1** hour **00** minute **P** M.

21. I hereby certify that I attended the deceased from **March 27**  
**1941**, to **March 29**, **1941**;  
that I last saw her alive on **March 29**, **1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic glomerular nephritis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other) **[Signature]**

Address **4629 [Address]** Date signed **4/1/41**

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.....

*J. Wm. B. Enbly*

Licensed Embalmer No.....

*3657*

P. O. Address.....

*St. Louis, 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.**