

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

2
41
39
26390

Registration District No. /

Primary Registration District No. /

Registrar's No. 243

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
905 S. Davis
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
 In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Adair
 (c) City or town Kirksville
(If outside city or town limits, write "RURAL")
 (d) Street No. 905 S. Davis
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country:

3. (a) PRINT FULL NAME Josephine Crandall Wise
 3. (b) If veteran, name war: --- 3. (c) Social Security No. ---
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife L. A. Wise 6. (c) Age of husband or wife if alive 82 years
 7. Birth date of deceased October 5 1860
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 15 year 1941 hour 11 minute 45 P.M.
 21. I hereby certify that I attended the deceased from 1940 to Aug 1941
 that I last saw her alive on Aug 15 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	80	10	10	hr. min.

Immediate cause of death
myocarditis
Chronic
arteriosclerosis
 Due to General
 Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Memphis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business Domestic

Major findings: Of operations 97.
 Of autopsy

MOTHER FATHER
 12. Name Jeremiah Crandall
 13. Birthplace NY New York
(City, town, or county) (State or foreign country)
 14. Maiden name Lydia Harryman
 15. Birthplace Pettis Co. Mo.
(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)

16. (a) Informant O. M. Wise
 (b) Address 4818 Tulane Baton Rouge, La.
 17. (a) Burial (b) Date thereof 8-17-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bible Grove, Missouri
Davis Funeral Home
 18. (a) Signature of funeral director Kirksville, Missouri
 (b) Address

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
 While at work?

23. Signature R. O. Stickler (M. D. or other) M.D.
 Address Kirksville mo Date signed

RECEIVED

District Health Officer No. 10

District File Number 9-41-1656

Date Filed SEP 16 1941

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

Harold A. Puga

Licensed Embalmer No. 4076

P. O. Address Fishersville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.