

Registration District No. 25 1942

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Waukegan  
 (b) City or town rural  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(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 one month

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Waukegan  
 (c) City or town rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nettie Kate 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 Lew Wise 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased June 10 1896  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>10</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Spring Ranch Neb.  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

MOTHER FATHER

12. Name George Shelton  
 13. Birthplace England  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ira Leeds  
 15. Birthplace Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant Lew Wise

(b) Address Merury Mo R1

17. (a) burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour cemetery

18. (a) Signature of funeral director Alvin Koller

(b) Address ava mo

19. (a) 6-10-42 (b) Thelma S. Waters  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5  
 year 1942 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from April 30 1942 to May 5 1942  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death bronchial pneumonia 10 days

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

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

Other conditions 107  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury 107

23. Signature R M Norman (M. D. or other) \_\_\_\_\_

Address ava mo Date signed 2/6/42

**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. 4006

working under my personal supervision.

Signed

Denver Roller

Licensed Embalmer No. 4006

P. O. Address. Ava, 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.**