

State File No. _____

Registrar's No. 27

FILED OCT 10 1942
38

Registration District No. _____

Primary Registration District No. 5105

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

1. PLACE OF DEATH:

(a) County Benton
(b) City or town "Rural" Union Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town "Rural"
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1942 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 10th, 1942, to Sept 20, 1942,
that I last saw him alive on Sept 16th, 1942,
and that death occurred on the date and hour stated above

Immediate cause of death: Cancer of
liver and stomach.

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 0

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 9-21-42

3. (a) PRINT FULL NAME Olley Lee Wise

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna Wise 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov. 9 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 10 11 hr. min.

9. Birthplace Linn County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Abraham Wise

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

14. Maiden name Martha Glenn

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

16. (a) Informant Edna Wise
(b) Address Rt. 2 Edwards, Mo.

17. (a) Burial (b) Date thereof Sept. 22, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nobby Cemetery

18. (a) Signature of funeral director WHITE - RESER

(b) Address Warsaw, Mo.

19. (a) 9/22/42 (b) Jas. A. Logan
(Date received local registrar) (Registrar's signature)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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OCT 13 1942

RECEIVED

District Health Officer No. 7,

District File Number 10-42-1627

Date Filed 10-2-42

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.

..... working under my personal supervision.

Signed.....

Licensed Embalmer No. 3053

P. O. Address Warsaw, 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.