

Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 96

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 217 days
(Specify whether years, months or days)

In this community 46 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 919 N. Prospect
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gerald E. Wise

3. (b) If veteran, name war Unknown

3. (c) Social Security No. UNKNOWN

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Lela Wise

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

7. Birth date of deceased March 15, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 10 16 hr. _____ min.

9. Birthplace Chester, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Telegrapher

11. Industry or business Railroad Company

12. Name Moses M. Wise

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

14. Maiden name Susan Pike

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

16. (a) Informant Mrs. Clyde Dennis

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof Feb. 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 2-4-43 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31st
year 1943 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from 9-28, 1943 to 1-31, 1943
that I last saw him alive on 1-31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Duration 3yr

Due to _____

Due to _____

Other conditions 1/31/43
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 W. H. Handley (M. D. or other) _____
Address Springfield, Mo Date signed 2-7-43

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

39
62

644

10 15

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 Lewis G. Scharpf
Licensed Embalmer No. 3802
P. O. Address Springfield 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.