

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18692

FILED MAY 20 1943

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 108

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: City Hospital #20
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 1 hr.
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME LIZZIE C. WISE

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex F 3 5. Color or race Negro 6. (a) Single, widowed, married divorced married
(b) Name of husband or wife Jesse Wise 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased 2 22 1889
(Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Boonville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self

12. Name Ernest Jones

13. Birthplace Cooper Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mamie Jones

15. Birthplace Cooper Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Daddie Bell Jackson

(b) Address 618 N. Osage St

17. (a) Burial (b) Date thereof 3-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director J. W. Ferguson

(b) Address 117 E. Jefferson St

19. (a) 3/29/43 (b) Mrs Anna C. Cuyler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 720 N. Lamone
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25
year 1943 hour minute 8 A M

21. I hereby certify that I attended the deceased from Mar 25 1943
that I last saw him alive on Mar 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to High blood pressure
Due to

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

Major findings: Of operations 83a!
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
23. Signature M. B. Ferguson
Address 117 E. W. Main Sedalia Mo Date signed 3-29-43

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

RECEIVED

District Health Officer No. 8,

District File Number

File No. Filed 5-19-43

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

F. D. Ferguson

Licensed Embalmer No. 2712

P. O. Address Sedalia

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.