

FILED OCT 7 1943 73

Registration District No.

Primary Registration District No. 5291

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty, Mo
(c) Name of hospital or institution: Foot 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs.
In this community 2 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Louis 17
(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? US (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME FRANK Wise

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased Oct 3 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 20
If less than one day hr. min.

9. Birthplace Birmingham Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Florist

11. Industry or business

12. Name Ephraim Wise

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

14. Maiden name Mary Bullock

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

16. (a) Informant Paul Rogers Sept 2007 Home

(b) Address Liberty Missouri

17. (a) REMOVABLE (b) Date thereof Sept 24 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis Missouri

18. (a) Signature of funeral director James Hill Funeral Home

(b) Address Liberty Missouri

19. (a) 9-24-43 (b) Deleu Carly
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1943 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from March 1 1942 to Sept 23 1948;
that I last saw him alive on Sept 23 1948
and that death occurred on the date and hour stated above.

Immediate cause of death General Atherosclerosis 5 yrs.

Due to Chronic Diffuse Nephritis 10 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death) 1318

Major findings: Of operations
Of autopsy none

22. If death was due to external causes, fill in the following:

(1) Accident, suicide, or homicide (specify) None

(2) Date of occurrence

(3) Where did injury occur? (City or town) (County) (State)

(4) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (5) Means of injury

23. Signature Burton Matthey M.D.
Address Liberty Mo Date signed 24-9-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 10-5-42

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.....

Me

....., Registered Apprentice No.

working under my personal supervision.

Signed *Victor E. Timinger*.....

Licensed Embalmer No. *2896*.....

P. O. Address *Liberty Missouri*.....

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.