

FILED FEB 14 1944

State File No.

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lemars, Mo.
(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 8 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Lemars, Mo.
(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 1

3. (a) PRINT FULL NAME George Theodore WISEMAN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife Lucy Jane Wiseman 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July 7 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 2 If less than one day hr. min.

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

10. Usual occupation Blacksmith & Farming

11. Industry or business

12. Name Theodore Wiseman
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Hendricks
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Clyd Wiseman
(b) Address Lemars Mo

17. (a) Burial (b) Date thereof 1-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon Cemetery

18. (a) Signature of funeral director: S. B. Beery

(b) Address of Sheldon Mo

19. (a) 1-11-44 (b) Martha Kurek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1944 hour 3:50 minute P.M.

21. I hereby certify that I attended the deceased from Jan 9 1944
to Jan 9 1944
that I last saw him alive on Jan 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Debility
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 162 lb

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)

While at work (Specify type of place) (c) Means of injury

23. Signature W. Beery (M. D. or other) 1
Address Lemars Mo Date signed 1/10-44

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 6,

District No. 244-149

Date Filed FEB 11 1944

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 *H. Bernard Beery*.....

Licensed Embalmer No. *4151*.....

P. O. Address *Sheldon Ins*.....

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.