

Registration District No. **175**

Primary Registration District No. **5646**

1. PLACE OF DEATH: **Lawrence**  
(a) County **Lawrence**  
(b) City or town **Rural, Buckprairie Tws.**  
(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 **Lifetime**  
In this community **Lifetime**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Lawrence**  
(c) City or town **Rl. Marionville,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **/**  
(If rural, give location)  
(e) Citizen of foreign country? **/** (Yes or No)  
If yes, name country **/**

3. (a) PRINT FULL NAME **Mollie Wise**  
3. (b) If veteran, name war **/** 3. (c) Social Security No. **/**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **January** day **25th**  
year **1944** hour **7** minute **9** M.

Female **/** 5. Color or race **White**  
4. Sex **/** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **/** 6. (c) Age of husband or wife if alive **/** years

21. I hereby certify that I attended the deceased from **Jan. 12<sup>44</sup>** to **Jan 25<sup>44</sup>**, 19**44**, that I last saw her alive on **Jan 24<sup>44</sup>**, and that death occurred on the date and hour stated above.

7. Birth date of deceased **Feb. 6, 1875**  
(Month) (Day) (Year)

Immediate cause of death **apoplexy**  
Due to **arteriosclerosis**

Duration **4 wks.**  
**2 yrs.**

8. AGE: Years **69** Months **11** Days **19**  
If less than one day hr. min.

Due to **/**  
Other conditions (Include pregnancy within 3 months of death) **/**

9. Birthplace **Lawrence County**  
(City, town, or county) (State or foreign country)

Major findings: Of operations **/**  
Of autopsy **/**

PHYSICIAN **/**  
Underline the cause to which death should be charged statistically.

10. Usual occupation **Housewife**

11. Industry or business **/**

12. Name **Marion Wise**

13. Birthplace **Bedford Co. Tenn.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy Phillips**

15. Birthplace **Do not know**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Chloe Craker**  
(b) Address **Rl. Marionville, Mo.**

17. (a) **Burial** (b) Date thereof **1-26-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marionville, Mo.**

18. (a) Signature of funeral director **J.B. Bradford**  
(b) Address **Marionville, Mo.**

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?  
(Specify type of place) (e) Means of injury **/**

23. Signature **Wayne McLeaver** (M.D. or other) **/**  
Address **Marionville, Mo.** Date signed **1/25/44**

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

500

55

MOTHER FATHER

1756

RECEIVED

District Health Officer No. 6

District File Number 244-189

Date Filed FEB. 12 1944

certified

embalmer

license

office

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number

1944

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office

1944

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embalmer

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 *Ferman M. Surridge*

Licensed Embalmer No. 3072

P.O. Address *Aurora 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.