

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 25 1944

Primary Registration District No. 3052

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 401 N. Stewart
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years
years, months or days

3. (a) PRINT FULL NAME John B. Wise

3. (b) If veteran, name war _____ 3. (c) Social Security No. 702 16 1718

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Wise 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 12 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer, Mo. Pac. Railroad

11. Industry or business _____

12. Name Francis Wise

13. Birthplace West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Anna Wilson

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

16. (a) Informant Alma Wise

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 2/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 2-18-44 (b) Anna Anne Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 401 N. Stewart
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th year 1944 hour about 7:45 minute 2 M.

21. I hereby certify that I attended the deceased from February 11, 1944 to February 17, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration Instant

Due to Influenza 4 or 5 days

Due to gla

Other conditions Arterio-sclerosis

(Include pregnancy within 3 months of death)

Major findings: No operation

Of operations _____

Of autopsy no autopsy

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

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence _____

(c) Where did injury occur? No injury

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No injury

(e) While at work? No (f) Means of injury _____

23. Signature W. B. Trader (M. D. or other)

Address Sedalia, Mo. Date signed 2/18/44

17818 2 8177
FEB 25 1944

MAR 9 1944

MAR 10 1944

MAR 8 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.....

Robert H Reed

Licensed Embalmer No.....

3740

P. O. Address.....

Seaside 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.