

FILED AUG 11 1944

Registration District No. 227

Primary Registration District No. 3048

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis hospital
(If not in hospital or institution, write street number or location) 3 Weeks
(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville (If outside city or town limits, write "RURAL") 1
(d) Street No. 410 West 3rd (If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charity Jane Wiseman

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased December 12, 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Nodaway County Missouri (State or foreign country) 0
sales lady

10. Usual occupation _____

11. Industry or business James Mathew Wiseman

12. Name Jackson Co. Ind

13. Birthplace Adeline Booth (State or foreign country)

14. Maiden name Ind.

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

16. (a) Informant Mrs. Mattie Morton
Maryville, Mo.

(b) Address burial

17. (a) _____ (b) Date thereof 8-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)
Cain cemetery

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Prace Funeral Home

(b) Address Maryville mo

19. (a) August-1-44 (b) Cheryl Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1944 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from Mar 10 1944, to 7-30 1944,
that I last saw her alive on Mar 30 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic anemia
Auto Hemolysis of
blood cells
Spontaneous hemolysis
Cerebral hemorrhage

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

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN J. J. J.
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) _____
(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) (g) Means of injury F

23. Signature J. M. Boyler (M. D. or other) F
Address Monroe Date signed 7-31-44

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

1349

711

BASE

1-25

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..... *W. L. Gee*

Licensed Embalmer No. *2539*

P. O. Address..... *Marshall*

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.