

FILED JAN 3 1945

State File No. _____

Registration District No. 3 2 7

Primary Registration District No. 6 2 2 0

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural Harission
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 mi North East Of Garland Ks.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi North East of Garland Ks
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Paulina Wise

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 Widowed
6. (b) Name of husband or wife Chas. W. Wise 6. (c) Age of husband or wife if alive Dead years 27 1944
7. Birth date of deceased Aug. (Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Decora Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Ulrich Heuser 5
13. Birthplace Zurich Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Anna Feninger
15. Birthplace Zurich Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Frankie Wise
(b) Address Garland Ks. R.F.D.#2

17. (a) Rural (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Deerfield

18. (a) Signature of funeral director B. D. Huffine
(b) Address Garland Kans.

19. (a) _____ (b) _____
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1944 hour 5 minute 05 P.M.

21. I hereby certify that I attended the deceased from 11/26 1944 to 11/11 1944;
that I last saw him alive on 11/26 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Subocorditis Duration 6 mo
Due to Senility 1 1/2 yrs
Due to _____

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

Major findings:
Of operations none PHYSICIAN _____
Of autopsy none 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) no
(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) (e) Means of injury ✓

23. Signature A. H. Adamson (M. D. or other) _____
Address Arctodia Home Date signed 12/16/44

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

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

..... Licensed Embalmer No.....

..... P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan
Registrar's No. 30

Registration District No. 359 Primary Registration District No. 6220

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Vernon
(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 _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Vernon
(c) City or town Rural (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 Pauline W. Wier
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 27 1924
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 6 If less than one day _____ min.

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

10. Usual occupation _____
11. Industry or business Retired home wife
12. Name Pauline Wier
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Anna Fermin
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Frank W. Wier
(b) Address Hailand R. R. # 2
17. (a) Rural (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) Dec 24 (b) G. T. Payne
(Date received local registrar) (Registrar's signature)

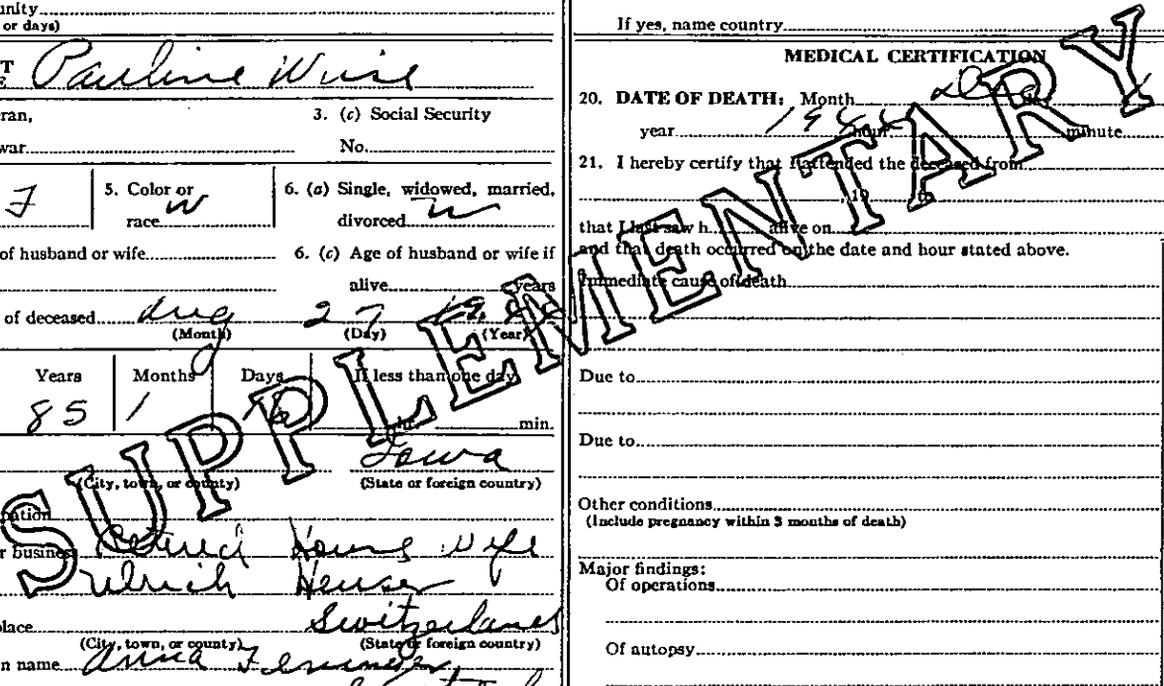
MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec 3
year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

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

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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)
(c) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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



S-42332 1944

1944