

3. No. 2
M-5-43
5-17-39
I X36671

FILED APR 15 1946
Registration District No. **251**

Primary Registration District No. **3042**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
9175

1. PLACE OF DEATH:
(a) County **Nodaway**
(b) City or town **Maryville**
(c) Name of hospital or institution: **707 South Buchanan**
(d) Length of stay: **76 years**
In this community **76 years**

3. (a) PRINT **William H. Wiseman**
FULL NAME
3. (b) If veteran, **no**
3. (c) Social Security **none**

4. Sex **male** 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 **78 69** years

7. Birth date of deceased: **March 10, 1869**
(Month) (Day) (Year)

8. AGE: Years **77** Months **0** Days **18**
If less than one day
9. Birthplace: **Jackson Co. Ind.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **retired farmer**
11. Industry or business:
12. Name: **James M. Wiseman**
13. Birthplace: **Jackson Co, Ind**
14. Maiden name: **Adeline Booth**
15. Birthplace: **Jackson Co. Ind.**

16. (a) Informant: **Mrs. George Woods**
(b) Address: **Maryville, Missouri**

17. (a) **burial** (b) Date thereof: **3-30-1946**
(c) Place: burial or cremation: **Cain Cemetery**

18. (a) Signature of funeral director: **Davis Funeral Home**
(b) Address: **Maryville Mo**
19. (a) **March 29-46** (b) **Bess Holt**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Nodaway**
(c) City or town **Maryville**
(d) Street No. **707 South Buchanan**
(e) Citizen of foreign country? **no**

20. DATE OF DEATH: Month **March** day **28**
year **1946** hour **1** minute **AM**

21. I hereby certify that I attended the deceased from **Dec 6th 1945** to **Mar 28th 1946**
that I last saw him alive on **Mar 27th 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Congestive heart failure**
valvular disease of heart
Due to: **Chronic Nephritis**

Due to:
Other conditions:
Major findings: **131^I**
Of operations: **none operation**

Of autopsy: **no autopsy**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(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: **L E Deau** (M. D. or other)
Address: **Maryville Mo** Date signed: **3-28-46**

Duration
8 mo
PHYSICIAN
Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Marionville 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.