

FILED JUL 29 1946

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 54

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

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
406 Bond St 1
(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 about five years
years, months or days)

3. (a) PRINT FULL NAME Francis Marion Wise

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Etta Jane Holder Wise 6. (c) Age of husband or wife if deceased 2

7. Birth date of deceased: October 2 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 12 If less than one day hr. min.

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

10. Usual occupation Retired Candy Salesman

11. Industry or business none

MOTHER FATHER { 12. Name Marion Wise 9
13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)
14. Maiden name Evans
15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Carl F. Wise

(b) Address 118 Broadway - Monett Mo.

17. (a) Burial (b) Date thereof July 17 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mononville mo

18. (a) Signature of funeral director Ballaways

(b) Address monett mo.

19. (a) 7-16-46 (b) W. M. West
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 406 Bond St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1946 hour about 4 minute a M.

21. I hereby certify that I attended the deceased from Jan 14 1946
to July 14 1946

that I last saw him alive on July 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Atherosclerosis Duration 6 months

Due to: myocardial degeneration

Due to:

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

Major findings: 95%
Of operations:
Of autopsy:

PHYSICIAN
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) (Specify type of place)

23. Signature Frank Ben (M. D. or other)

Address Monett Mo. Date signed 7/18/46

RECEIVED

District Health Officer No. 6,

District File Number 746-791

Date Filed JUL 24 1946

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 J. F. Buchanan
Licensed Embalmer No. 3179
P. O. Address Monett 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.