S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30736

FILED SEP 18 1946

Registration District No. 756 Primary Registration District No. 2007 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1208 Franklin Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1208 Franklin Drive 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Douglas Bruce Wise

3. (b) If veteran, name war * * *

3. (c) Social Security No. * * *

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July 15, 1946
(Month) (Day) (Year)

8. AGE: Years | Months | Days 27 | If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name George W. Wise 0
13. Birthplace Jasper County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Jane Glass 0
15. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)

16. (a) Informant George W Wise Sr.
(b) Address 1208 Franklin Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo.

19. (a) 8-15-46 (Date received local registrar) (b) Ed [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1946 hour 3 minute - P.M.

21. I hereby certify that I attended the deceased from 4 Aug 46, 19 to 12 Aug 46, 19 46
that I last saw him alive on 12 Aug 46 B pm
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia | Duration 6 days

Due to

Due to

Other conditions Prematurity (Include pregnancy within 3 months of death) | 7 mo

Major findings:
Of operations —
Of autopsy — 107

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? — (Specify type of place)

While at work? (e) Means of injury 0

23. Signature B. H. Williams (M. D. or other) MD

Address 527 Frisco Bldg Date signed 13 Aug 46

138

(Licensed Embalmer's Statement on Reverse Side)

46-8-754

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 Perry K Hurlbut

Licensed Embalmer No. 95 9

P. O. Address Joplin 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.