

V. S. No. 2
00M—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1947

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39818
Registrar's No. 427

Registration District No. 47

Primary Registration District No. 3005

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fuller
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital no 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mo 11 days
(Specify whether years, months or days)
In this community 4 mo 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Callaway 14
(c) City or town Fuller RFD 2 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph A. Wisley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
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 _____ years
7. Birth date of deceased July 27 1860
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 28
year 1946 hour 2 minute 20 P. M.
21. I hereby certify that I attended the deceased from Dec 21, 1946, to Dec 28, 1946,
that I last saw her alive on Dec 28, 1946,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
86 5 1 hr. min.

Immediate cause of death Buried Pneumonia
Due to the myocardial

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

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

10. Usual occupation Farmer
11. Industry or business Farming

Major findings: Of operations _____
Of autopsy 108

MOTHER FATHER
12. Name Henry Wisley
13. Birthplace mo (State or foreign country)
14. Maiden name Edna Neff
15. Birthplace mo (State or foreign country)

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)
(e) Means of injury (1)

16. (a) Informant Mr. Wisley Hule
(b) Address Columbia mo

23. Signature Tomat Thomas (M. D. or other)
Address Fuller mo Date signed 12/28

17. (a) Burial (b) Date thereof 12/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brairie Chapel Cem

24. Signature of funeral director Fuller Funeral Home
(a) Signature Fuller
(b) Address 7th 6th St. Fuller, mo

18. (a) Signature of funeral director Fuller Funeral Home
(b) Address 7th 6th St. Fuller, mo
19. (a) 12-30-1946 (b) Joan Morawickoff
(Date received local registrar) (Registrar's signature)

25. Signature Joan Morawickoff (M. D. or other)
Address Fuller mo Date signed 12/28

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

4
1
2
38632

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 8 1947

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

Wenzel C. Browning

Licensed Embalmer No. *2724*

P. O. Address *Fulton 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.