

Registration District No. **82** Primary Registration District No. **3017**

1. PLACE OF DEATH:
 (a) County Cooper
 (b) City or town Brunsville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Alex Van Lovenoway Clinic
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 hrs.
 (Specify whether years, months or days) 74 yrs 2 mo. 1 da.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cooper
 (c) City or town Brunsville (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. RR #1
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ROBERT-SMITH-WISNER
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mrs Luanna Wisner 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased January 18 1873
 (Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Cooper County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business same

MOTHER FATHER
 12. Name Christopher Wisner
 13. Birthplace unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Thompson
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Luanna Wisner
 (b) Address Brunsville RR #1, Mo.

17. (a) Burial (b) Date thereof March 21 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Nebo Cemetery

18. (a) Signature of funeral director Hays - Painter
 (b) Address Patet Street Mo

19. (a) 3-20-47 (b) D. Stoop
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 19
 year 1947 hour 9 minute 40 P.M.
 21. I hereby certify that I attended the deceased from Feb 15
 1947 to March 19 1947
 that I last saw him alive on March 19 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 2 months
 Due to Coronary sclerosis + diabetes mellitus
 Due to _____
 Other conditions Cataract (Scribe)
 (Include pregnancy within 3 months of death) both eyes

Major findings: None
 Of operations None
 Of autopsy None

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)
 (e) Means of injury fall
 23. Signature Alvin Raymond M. D. or other _____
 Address Brunsville Mo Date signed 3-20

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-12-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.