

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25012

State File No.

FILED AUG 14 1947

Registration District No. 279

Primary Registration District No. 3052

Registrar's No. 243

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BOTHWELL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DA
(Specify whether years, months or days)
In this community 7 DA

3. (a) PRINT FULL NAME ERNEST BETRAM WISE

3. (b) If veteran, name war No. 3. (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 DELIA WISE 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Sept. 12 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 9 12 hr. min.

9. Birthplace MARSHALL MO
(City, town, or county) (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business HARDWARE

12. Name ANDY WISE

13. Birthplace OHIO
(City, town, or county) (State or foreign country)

14. Maiden name ROSE WITTMAN

15. Birthplace PILOT GROVE MO
(City, town, or county) (State or foreign country)

16. (a) Informant GRAY WILLIAMS

(b) Address WINDSOR MO.

17. (a) Removal (b) Date thereof 7-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery, Marshall, Mo.

18. (a) Signature of funeral director Harry Hershberger

(b) Address MARSHALL MO

19. (a) 7-14-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County HENRY
(c) City or town WINDSOR
(If outside city or town limits, write "RURAL")
(d) Street No. 407 E. Jackson
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 4
year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from JULY 1, 1947, to JULY 4, 1947,
that I last saw h.i.m. alive on JULY 4, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death SUBARACHNOID HEMORRHAGE
Duration 9 DA.

Due to SYMPHYSEAL MENINGO-VASCULAR ENCEPHALITIS 15 Yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 30

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) (e) Means of injury

23. Signature J. R. Edwards (M. D. or other) MD

Address Sedalia Mo. Date signed 7-4-47

RECEIVED

District Health Officer, No. 8.

District No. 1

Date Filed: 8-13-47

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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.