No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29191

FILED SEP 30 1948

Registration District No. [illegible] Primary Registration District No. 4119 Registrar's No. 37

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Ozark
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: ~~Ore.~~ Mo (b) County: Christian
(c) City or town: Ozark
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: WILLIAM REECE WISDOM
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: W
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: May (Month) 20 (Day) 1871 (Year)

8. AGE: Years 77 Months ..... Days ..... If less than one day ..... hr. ..... min.

9. Birthplace: Texas (City, town, or county) (State or foreign country)
10. Usual occupation: Farming
11. Industry or business .....

MOTHER FATHER
12. Name: Unk
13. Birthplace: Unk (City, town, or county) (State or foreign country)
14. Maiden name: Unk
15. Birthplace: Unk (City, town, or county) (State or foreign country)

16. (a) Informant: Mattie Tuttle
(b) Address: Ozark Mo
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation: Olive Branch Cemetery
18. (a) Signature of funeral director: Ferry Funeral Home
(b) Address: Nevada Mo
19. (a) Sep. 25-1948 (Date received local registrar) (b) Loretta M Kennedy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 14 year: 1948 hour: 2 minute: A.M.
21. I hereby certify that I attended the deceased from Aug 31, 1948 to Sept 14, 1948 that I last saw him alive on Sept 13, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Insufficiency	9 days
Due to: Coronary sclerosis and arteriolar nephrosclerosis	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 0
Of autopsy: 0

PHYSICIAN
Underline the cause of 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: R. R. Farthing (M. D. or other)
Address: Ozark Mo Date signed: 9-14-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number
Date Filed

RECEIVED
District Health Officer No. 6
District File Number 948.1120
Date Filed 9-29-48

SEP 30 1948

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 [signature]

Licensed Embalmer No. 1760

P. O. Address Nevada 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.