

NOV 24 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

35961

1. PLACE OF DEATH

32 County De Kalb  
Township Palk  
City Union Star (No. 1)

Registration District No. 262  
Primary Registration District No. 5364

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Joseph Isaac Wise

(a) Residence, No. 4 Farm St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August - 9 - 1884</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>2</u>	DAYS <u>15</u>
IF LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Falling Station Currier</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1939, to Oct 24, 1939  
I last saw him alive on Oct 24, 1939 Death is said to have occurred on the date stated above, at 11:40 P.M.

The principal cause of death and related causes of importance were as follows:

apoplexy  
Date of onset 10/24/39

Other contributory causes of importance:

FATHER	12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Andrew County Mo</u>
	13. NAME <u>Matthew Thomas Wise</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Marion County Kentucky</u>
	15. MAIDEN NAME <u>Sarah Elizabeth Bright</u>
	16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Marion County Kentucky</u>
17. INFORMANT <u>Mrs. Bessie Wise</u> (ADDRESS) <u>109 W. Lewis St. St. Joseph Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Star Cem</u> DATE <u>Oct - 27</u> , 19 <u>39</u>	
19. UNDERTAKER <u>Fred Terhune</u> (ADDRESS) <u>Savannah Mo</u>	
20. FILED <u>10-25-39</u> <u>E. M. Reequette</u> Registrar.	

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) E. M. Reequette, M. D.  
237 (Address) Union City, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PRINT, WITH UNFADING INK. THIS IS A PERMANENT RECORD

I X3314

STATEMENT BY LICENSED EMBALMER

I, J. Fred Turhune, Licensed Embalmer No. 1238  
hereby certify that the body recorded on the reverse side of this  
Certificate was embalmed by \_\_\_\_\_

or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

(Signed) J. Fred Turhune  
Licensed Embalmer No. 1238

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(Failure to comply with this requirement renders the certificate null and void.)

MAR 5 1947

RECEIVED

District Health Officer No. 117

District File Number 139-1485

Date filed NOV 3 1939

RECEIVED

District Health Officer No. 117