

Registration District No. **14**

Primary Registration District No. **4211**

Registrar's No. **26**

1. PLACE OF DEATH:

(a) County **Henry**  
(b) City or town **Windsor**  
(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 \_\_\_\_\_  
In this community **18 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Florence Wise**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Robert A. Wise** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **Sept 20 1880**  
(Month) (Day) (Year)

8. AGE: Years **59** Months **2** Days **10** If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation **At home**

11. Industry or business

MOTHER FATHER { 12. Name **W. F. Galloway**  
13. Birthplace **Vernon Co Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Nancy Lamborn**  
15. Birthplace **Nashville Tenn**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Wm Riggo**  
(b) Address **Windsor Mo**

17. (a) **Burial** (b) Date thereof **Dec. 1, 1939**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Huston Turner**

(b) Address **Windsor, Missouri**

19. (a) **Dec 2, 1939** (b) **H. J. Gorman**  
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**  
(c) City or town **Windsor**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **404 Cherry St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **30**  
year **1939** hour **4:15** a **m** Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Nov 23**  
**1939** to **Nov 30** **1939**  
that I last saw her alive on **Nov 30** **1939**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **7 days**

Due to **Hypertension**

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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?

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature **H. J. Gorman** (M. D. or other) \_\_\_\_\_  
Address **Windsor Mo** Date signed **12/1**

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.

RECEIVED

District Health Officer No. 7,

District File Number 12-39-172-

Date Filed 12-3-39

**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.....

*Edw. M. Hurston*

Licensed Embalmer No. ....

3391

P. O. Address.....

Windsor, Ma.

**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, above space should be left blank.**