FILED JUL 15 1940

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21022

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2639

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K. C. Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 910 Cleveland
(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 910 Cleveland K. C. Mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town Pattersburg Mo
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Francis Wise (Mary Francis Wise 200)

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Abraham Wise

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 29 (Day) 1869 (Year)

8. AGE: Years 70 Months 9 Days 29 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Hange work

MOTHER FATHER

12. Name Joseph Ferguson

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

14. Maiden name

15. Birthplace Eliza Ferguson (City, town, or county) Ky (State or foreign country)

16. (a) Informant Mrs O. E. Crosley

(b) Address 919 Cleveland K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Pattersburg Mo

18. (a) Signature of funeral director Lester Sparks

(b) Address Independence Mo

19. (a) June 30, 1940 (Date received local registrar) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28 year 1940 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from 6-8, 1940, to 6-27, 1940, that I last saw her alive on 6-27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Shock Myocarditis	
Chronic Nephritis	
Due to Arteriosclerosis	
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 Alex C. Morrison (M. D. or other)

Address 723 Langyde Blvd K. C. Mo Date signed 6-29-40

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Independence 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.