S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8328

FILED MAR 19 1941

Registration District No. 810 Primary Registration District No. 4488 Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Scotland

(b) City or town Memphis (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) 1

(d) Length of stay: In hospital or institution — (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland

(c) City or town Memphis Mo 1 (If outside city or town limits, write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME Dyas Neel Wise

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 10 (Day) 1846 (Year)

8. AGE: Years 94 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Wadestown (City, town, or county) 1 W. Virginia (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name James Wise
13. Birthplace W. Va. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Harrison
15. Birthplace W. Va. 1 (City, town, or county) (State or foreign country)

16. (a) Informant D. A. Wise

(b) Address Memphis Mo

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

(c) Place: burial or cremation Scotland Co

18. (a) Signature of funeral director Gerth & Bartlett

(b) Address Memphis Mo.

19. (a) March 4 - 1941 (Date received local registrar) E. E. Parrish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 41 hour 2 30 minute a M.

21. I hereby certify that I attended the deceased from Jan 20, 1941, to Feb 24, 1941; that I last saw his alive on Feb 23, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	24 hrs
Due to Senile debility	
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? 725 (Specify type of place)

While at work? — (e) Means of injury —

23. Signature W. E. Alexander (M. D. ~~or other~~) 0

Address Memphis, Mo. Date signed Mar 4 41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-41-612
Date Filed MAR 14 1941

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 Fred Gerth Jr.

Licensed Embalmer No. 4121

P. O. Address Memphis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.