

FILLED NOV 17 1941

Registration District No. **278**

Primary Registration District No. **4522**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH: **Howard,**

(a) County **Howard,**

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

(c) Name of hospital or institution: **Rural Home - W. Davis**  
(If not in hospital or institution, write street number or location)

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

8. (a) PRINT FULL NAME **Effie Mae Wisely,**

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** race **White** 5. Color or race **White**

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

6. (b) Name of husband or wife **James Wisely,** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **February 15 1871**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>70</b>	<b>8</b>	<b>14</b>	hr. _____ min.

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

10. Usual occupation **At home,**

11. Industry or business \_\_\_\_\_

12. Name **George Stemmons,**

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

14. Maiden name **Susan White,**

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

16. (a) Informant **George Smith,**

(b) Address **Fayette, Mo.**

17. (a) **Burial** (b) Date thereof **11-1st 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cemetary,**

18. (a) Signature of funeral director **Guy T. Halley.**

(b) Address **Fayette, Mo.**

19. (a) **11-1-41** (b) **A. J. Smith**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **045**

(a) State **Missouri** (b) County **Howard,**

(c) City or town **Fayette,**  
(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.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **29,**  
year **1941** hour **unknown** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Monoxide Poisoning**

Due to **Monoxide Poisoning**

Due to **unknown**

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings: **178 C**  
Of operations **14**

Of autopsy **Monoxide Poisoning**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **Oct. 29 1941 045**

(c) Where did injury occur? **at her home**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**her home**

While at work? **No** (Specify type of place) (e) Means of injury **unknown**

23. Signature **J. L. Richards** (M. D. or other) **M.D.**

Address **Fayette, Mo.** Date signed **11-1-41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-12-41.....

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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 Guy T. Hallen.....

Licensed Embalmer No. 2966.....

P. O. Address Jayette 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, above space should be left blank.