

FILED FEB 16 1942

Registration District No. 467

Primary Registration District No. 4280

Registrar's No. 10

1. PLACE OF DEATH:
(a) County Laurence
(b) City or town Aurora, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution None
(Specify whether)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laurence
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. 22-5
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No 0 years.

3. (a) PRINT FULL NAME James Bert Wise
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 15th
year 1942 hour 19 minute 15 P.M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years
7. Birth date of deceased July 1 - 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1 - 42, 1942,
that I last saw him alive on Oct 1 - 42, 1942,
and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 6 Days 14 If less than one day
hr. min.

Immediate cause of death Pulmonary Tuberculosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Retired

11. Industry or business at home

12. Name James W. Wise

13. Birthplace Laurence County, Mo.
(City, town or county) (State or foreign country)

14. Maiden name Patricia Sullivan

15. Birthplace Laurence County, Mo.
(City, town or county) (State or foreign country)

16. (a) Informant Roy Wise

(b) Address Aurora, Mo.

17. (a) Burial (b) Date thereof 1/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Obert L. Mark

(b) Address Aurora, Mo.

19. (a) Jan 15 - 1942 (b) Emilia Krone
(Date received local registrar) (Registrar's signature)

Major findings: 13 P 1
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. D. Herron (M. D. or other)

Address Date signed

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 242-238

Date Filed FEB 12 1942

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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed Forest Klapper.....

Licensed Embalmer No. 4226.....

P. O. Address Aurora, 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, fact should be so stated above.