

FILED APR 24 1942
Registration District No.

Primary Registration District No. 5668

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Marceline Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
111 W CALIFORNIA
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 16 years
years, months or days

3. (a) PRINT FULL NAME John Wyse Wise

3. (b) If veteran name W

3. (c) Social Security No. 709-16-3675

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced marrie

6. (b) Name of husband or wife Ethel Graham 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 23 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 9 If less than one day hr. min.

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

10. Usual occupation Bridge carpenter

11. INDUSTRY OR BUSINESS

MOTHER FATHER

12. Name John W. Wise

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

14. Maiden name Ellen Grant

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

16. (a) Informant's own signature Betha Wise

(b) Address Marceline Mo

17. (a) Burial (b) Date thereof Apr 5-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Olivet

18. (a) Signature of funeral director James M. Laughlin

(b) Address Marceline Mo

19. (a) 4-6-1942 (b) W. W. Cowan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn

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

(d) Street No. 111 W California
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1942 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from APRIL 2nd, 1942, to APRIL 2nd, 1942, that I last saw him alive on April 2 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to General arteriosclerosis

Due to Senility

Other conditions 83a!
(Include pregnancy within 3 months of death)

Major findings: Of operations 83a!

Of autopsy

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 P. J. Patrick (M. D. over)

Address Marceline Mo. Date signed 4/4/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Rev. 6-17-39

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.

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.....

Dale Bunch

Licensed Embalmer No. *4088*

P. O. Address *Marceline 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.