

FILED SEP 24 1942

Registration District No. **126**

Primary Registration District No. **5463**

Registrar's No. _____

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

1. PLACE OF DEATH

(a) County **Greene**
(b) City or town **Fair Grove**
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **80 years** years, months or days

3. (a) PRINT FULL NAME **DANIEL WILSON WISEMAN**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **1**

6. (b) Name of husband or wife **Ida Wiseman** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **May 18-1862**
(Month) (Day) (Year)

8. AGE: Years **80** Months **3** Days **18** If less than one day hr. _____ min. _____

9. Birthplace **Greene Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer Retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **Robert a Wiseman**

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

14. Maiden name **Jane Putman**

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

16. (a) Informant **Ida Wiseman**

(b) Address **Fair Grove Mo**

17. (a) **Burial** (b) Date thereof **Sept 7-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **cedar bluff**

18. (a) Signature of funeral director **L. B. Jones**

(b) Address **Bull Mo**

19. (a) **8-18-1942** (b) **Blair Adams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Fair Grove**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **4**
year **1942** hour **5** minute **P.M.**

21. I hereby certify that I attended the deceased from **Sept 2 1942** to **Sept 4 1942**
that I last saw him alive on **Sept 2 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Sclerosis
Chronic Nephritis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

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) If cause of injury _____

23. Signature **R. H. Frick** (M. D. or other) _____

Address **Stroop Mo** Date signed **9/4/42**

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Greene County Health Office

County File Number 42-9-83

Date Filed 9/23/42

SEP. 28 1942

SEP 28 1942

U.S.A.

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

Leeward Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo, N.Y.

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.