

ED JUL 2 1943

Registration District No. **69**Primary Registration District No. **4120**Registrar's No. **3**

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Cleaver
(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

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

In this community 10 days _____ (Specify whether years, months or days)3. (a) PRINT FULL NAME John Leonard Wise3. (b) If veteran name war no 3. (c) Social Security No. none4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Mary F. Wise 6. (c) Age of husband or wife if alive 70 years7. Birth date of deceased July - 14 - 1865
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
77 10 _____ hr. _____ min.9. Birthplace Jensen
(City, town, or county) (State or foreign country)10. Usual occupation Carpenter

11. Industry or business _____

12. Name Henry Wise13. Birthplace Jensen
(City, town, or county) (State or foreign country)14. Maiden name Matilda Davis15. Birthplace unknown
(City, town, or county) (State or foreign country)16. (a) Informant Ward Wise(b) Address Cleaver Mo.17. (a) Burial (b) Date thereof May 16 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wise Hill Cem18. (a) Signature of funeral director J.W. Maples(b) Address Cleaver Mo.19. (a) May 17 - 43 (b) Mary F. Spear
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
(c) City or town Cleaver
(If outside city or town limits, write "RURAL")

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

Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1943 hour 2 AM minute _____ M.21. I hereby certify that I attended the deceased from March 1, 1943, to May 13, 1943
that I last saw him alive on May 13, 1943,
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage Duration _____Due to Hypertension 3 yrsDue to NephritisOther conditions Hemorrhoids
(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) Means of injury 323. Signature Dr. Val B. Jones (Physician)Address Cleaver Mo. Date signed 5/14/43

RECEIVED

District Health Officer No. 8

District File Number 643-796

Date Filed

JUN 29 1943

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 J.W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, 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.

Registration District No. 69 Primary Registration District No. 420 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Clemer
(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 years, months or days)

3. (a) PRINT FULL NAME John Leonard 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 M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased July 14 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 14 Days _____ If less than one day _____ min.

9. Birthplace Levan, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 4
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____;

that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death Cerebral hemorrhage Duration _____

Due to hypertension

Due to hepatic (chronic)

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

Major findings: Of operations _____

Of autopsy 1318

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)

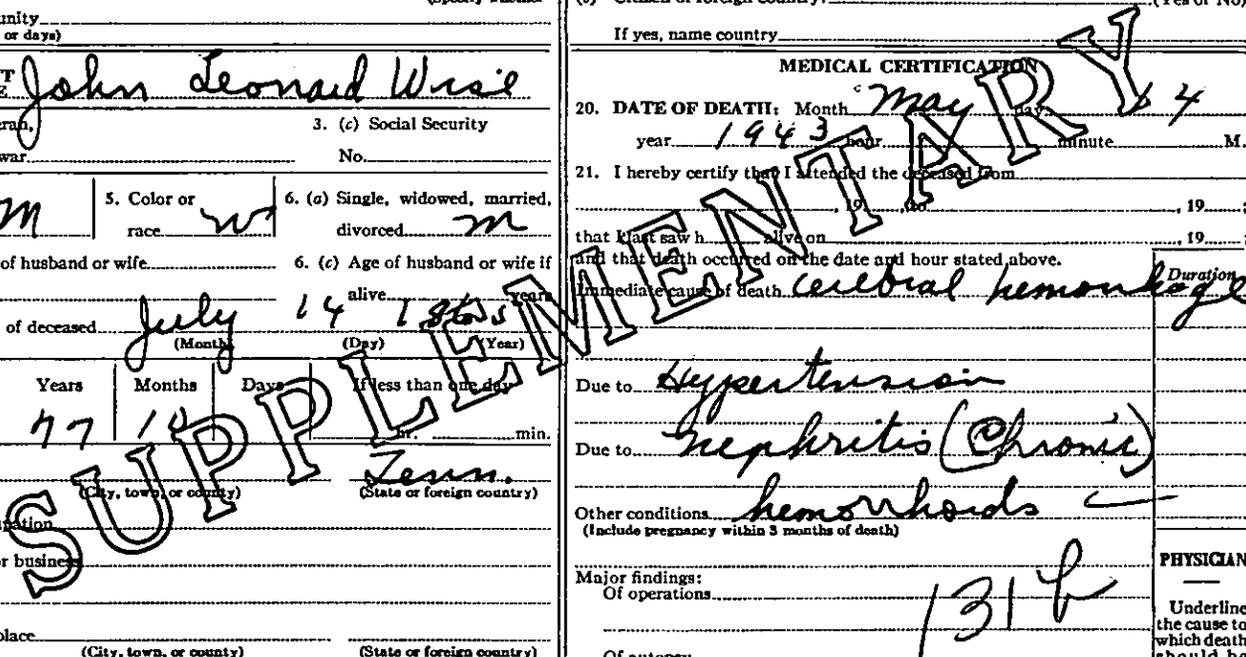
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Dr. J. L. Jones or other _____

Address Clemer, Tenn Date signed 7/1

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



S-21101