

FILED AUG 11 1943

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 149

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(c) Name of hospital or institution: 322 N. Garrison Ave.
(d) Length of stay: In hospital or institution 92 years
In this community 92 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(d) Street No. 322 N. Garrison Ave.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Ann Frances Wise

3. (b) If veteran, name war No
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Andrew M. Wise
6. (c) Age of husband or wife if alive - - years

7. Birth date of deceased March 24 1851
(Month) (Day) (Year)

8. AGE: Years 92 Months 4 Days 7
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business None

12. Name Robert J. Dale

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

14. Maiden name Olive Cox

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

16. (a) Informant Hal M. Wise

(b) Address Webb City, Missouri

17. (a) Burial (b) Date thereof Aug. 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) July 31, 1943 (b) Elizabeth Couplins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
year 1943 hour 9 A.M. minute M.

21. I hereby certify that I attended the deceased from May 31 1935 to July 31 1943
that I last saw her alive on July 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension and arterio sclerosis

Due to Senility

Other conditions Stenosis, oesophagus

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?
(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 Lloyd B. Clinton (M. D. or other) M.D.
Address Carthage Mo Date signed 7/31/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

49
3

49
3

1203

19-7-680

NOV 27 1968

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 John D. Batchelder
Licensed Embalmer No. 4153
P. O. Address Carthage, 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.