

0. 2  
42  
7-39  
K32873

FILED APR 13 1944

State File No. ....

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia  
(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 years, months or days)

In this community 3 yrs

3. (a) PRINT FULL NAME LAURA WISE

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years 70 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housework

11. Industry or business Self

12. Name William Wise

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

14. Maiden name Sarcas Wise

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

16. (a) Informant Jessie Wise

(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof 3-29-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clenwood Cemetery

18. (a) Signature of funeral director J. D. Ferguson

(b) Address 117 E Jefferson St

19. (a) 3-29-44 (b) Mrs Anne Berger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Sedalia  
(If outside city or town limits, write "RURAL" (If rural, give location))

(d) Street No. 521 N Lamine St

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day Mar  
year 1944 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Mar 10, 1944 to Mar 23, 1944  
that I last saw her alive on Mar 22, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Prothrombin Deficiency  
Duration 13 days

Due to \_\_\_\_\_

Due to Brain Cholesterol  
Atherosclerosis years \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none  
Of autopsy none

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 0

23. Signature J. W. Winters (M. D. or D. O.)

Address Sedalia Mo Date signed 3/29/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-12-49

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.