S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42[illegible]

Registration District No. 246 Primary Registration District No. 6111 Registrar's No. 55

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Elsey [illegible]
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone 104

(c) City or town Elsey 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Rhoda Anna Wise

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife J.R. Wise

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept. 24, 1871 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	1	16	hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name William Dill 0
13. Birthplace unknown (City, town, or county) xMaxx (State or foreign country)

MOTHER
14. Maiden name Susan Freeman
15. Birthplace unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant J.R. Wise,
(b) Address Elsey, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov. 11, 45 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic cem, Crane

18. (a) Signature of funeral director T.W. Maples
(b) Address Clever, Mo.

19. (a) 11-10-1945 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 10
year 1945 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from May 10, 1945, to Nov 10, 1945
that I last saw her alive on Nov. 7, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio Vascular Renal disease	2 yr.
Due to Hypertension	5 yr.
Due to	
Other conditions none. (Include pregnancy within 3 months of death)	

1310

Major findings:
Of operations no operation
Of autopsy no autopsy

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?
(Specify type of place)
While at work? — (e) Means of injury —

23. Signature H. L. Kerr D (M.D. or other)
Address Crane Mo. Date signed 11-11-45

1496

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1245-1128
Date Filed 12-27-45

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.