S. No. 2
M—2-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6296

FILED FEB 28 1946

Registration District No. 173 Primary Registration District No. 3036 Registrar's No. 7

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 128 West Myrtle
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 83 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Aurora Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 128 West Myrtle
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sallie A Wise
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Feb 5 1862 (Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Lawrence (City, town, or county) O (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER 12. Name Clarke Sullivan
FATHER 13. Birthplace Tenn (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Estella Wise
MOTHER 15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Myres Wise
(b) Address Aurora Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director Oscar Marsh
(b) Address Aurora Mo
19. (a) Jan 19 1946 (Date received local registrar) (b) Ora McNatt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1946 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 10, 1946 to Jan 13, 1946 that I last saw h. alive on Jan 13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Senility — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of 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 W. F. Herron (M. D. or other) O
Address Aurora, Mo Date signed Jan 1-46

157 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 146-160
Date Filed FEB 26 1946

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 Oscar L. Marsh

Licensed Embalmer No. 3872

P. O. Address Aurora 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.