

No. 2
-17-39
57823

FILED DEC 20 1946

Registration District No. 220

Primary Registration District No. 442 7

Registrar's No.

1. PLACE OF DEATH

(a) County Lucas Co
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 da (Specify whether
In this community 12 years years, months or days)

3. (a) PRINT FULL NAME KELLES LESLIE WISEMAN

3. (b) If veteran, name war
3. (c) Social Security No. 194-18-1576

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 28 1904
(Month) (Day) (Year)

8. AGE: Years 42 Months 7 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Tom Eugene Wiseman

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

14. Maiden name Mary Scolley

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

16. (a) Informant Porter Wiseman

(b) Address Kati's Mo

17. (a) Burial (b) Date there 12-1-46
(Burial, entombment, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Longfellow Smith's Ferguson

18. (a) Signature of funeral director Lockhart Mo

(b) Address

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas 107
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Evening Shade Mo
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 30
year 1946 hour 2 minute a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture Duration
Cerebral Hemorrhage

Due to Auto accident
1 mile East Waynesville
Due to on U.S. 66.

Other conditions (Include pregnancy within 6 months of death) 1700

Major findings Of operations Anguish

Of autopsy Pending

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) Accident 85

(b) Date of occurrence Waynesville, Mo

(c) Where did injury occur? Waynesville, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on U.S. 66 Highway

While at work? NO (Specify type of place) (e) Means of injury 3

23. Signature M. J. Reese (M.D. or other)
Address Reichardt Date signed 11/30/46

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

MOTHER FATHER

o/v
-M
I

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

Erbert Ferguson

Licensed Embalmer No.....

3945

P. O. Address

Felling Ms

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 152
Registrar's No. 105

Registration District No. 290 Primary Registration District No. 4427

FILED DEC 20 1946

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Waynesville General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 12 years
years, months or days)

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

3. (a) PRINT FULL NAME Kelles Lesley Wiseman
3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-18-7576
4. Sex Male 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 28 years
7. Birth date of deceased 7 April 28 1918
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 30 year 1946 hour 2:15 minute am M.
I hereby certify that I attended the deceased from 11-25, 1946 to 11-30, 1946
that I last saw him alive on 11-30, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
42 7 3 hr. min.

Immediate cause of death Cerebral hemorrhage Duration 5 days
Due to Skull fracture 5 days
Due to Auto Accident
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 1706
11/21

9. Birthplace Brumley MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer
11. Industry or business _____
12. Name Tom Eugene Wiseman
13. Birthplace Florida Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Scalley
15. Birthplace Brumley MO
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Porter Wiseman
(b) Address P270, MO
17. (a) Burial (b) Date thereof 12-1-46
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Long Hollow

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 11-25-46
(c) Where did injury occur? Waynesville Pulaski MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on highway 66
While at work? no (Specify type of place) (e) Means of injury Struck by car
23. Signature E. Miller MO (M. D. or other)
Address Waynesville, MO Date signed 11-30-46

18. (a) Signature of funeral director Smith & Ferguson
(b) Address Ferguson MO
19. (a) 12-9-46 (b) Louise B. McClintock
(Date received local registrar) (Registrar's signature)

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

416.73

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 Hubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.