

FILED FEB 20 1947  
Registration District No. **43**

Primary Registration District No. **3007**

1. PLACE OF DEATH:

(a) County **Butler**  
(b) City or town **Poplar Bluff**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **9th & Butler**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Life**  
In this community **Life**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**  
(c) City or town **Poplar Bluff**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **9th & Butler**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **5**  
year **1947** hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **October 21**, 19**46**, to **Feb 5**, 19**47**.  
that I last saw him alive on **Feb 3**, 19**47**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration **3 days**

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

Other conditions **Syria Pripida, Meningococci**  
(Include pregnancy within 3 months of death)  
**Hydrocephalus**

Major findings: **157A**  
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: **[Signature]** (M. D. or other) M. D.  
Address **Poplar Bluff, Mo.** Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME **Dickey Joe Wisdom**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Infant**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Oct. 21 1946**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**3 15** hr. \_\_\_\_\_ min.

9. Birthplace **Poplar Bluff, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **Memphis R. Wisdom**  
13. Birthplace **Reynolds Co. Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Imogene Davis**  
15. Birthplace **Kennett Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Memphis R. Wisdom**  
(b) Address **Poplar Bluff, Mo.**

17. (a) **Burial** (b) Date thereof **2/6/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Black Creek**  
18. (a) Signature of funeral director **Greer Croy & Fitch**  
(b) Address **Poplar Bluff, Mo.**

19. (a) **2-9-47** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED  
District Health Office No. 2  
District File Number 247-23  
Date Filed 2-14-47

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**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.....

*Not embalmed*

Licensed Embalmer No.....

P. O. Address.....

**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.**