

FILED JUN 14 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 726

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 14 3/4 hrs  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ellen Wise

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

4. Sex Female 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 5 years

7. Birth date of deceased. June 5 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 14 hr. 45 min.

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name George William Wise

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

14. Maiden name Marjorie Ellen HARRIS

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

16. (a) Informant Mrs. Marjorie Wise

(b) Address Savannah, Mo.

17. (a) B (b) Date thereof 6-7-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah, Mo.

18. (a) Signature of funeral director E. C. Brent

(b) Address Savannah, Mo.

19. (a) 6-9-47 (b) G. B. Jenkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Savannah  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD #3 (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6  
year 1947 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from June 1947 to June 6, 1947  
that I last saw him alive on June 5, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke Duration 7 hrs.

Due to

Due to 16/A

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 R. Conrad (M. D. or other) MD

Address St. Joseph Date signed 6/7/47

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

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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..... *E. C. Breit* .....

Licensed Embalmer No. *2650* .....

P. O. Address *Savannah 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.