

3. No. 2
A-5-43
5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17875

FILED JUN 4 1947

Registration District No. 13

Primary Registration District No. 4248

Registrar's No. 122

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Saracape

(c) Name of hospital or institution: Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs Fanny F. Wise

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive Aug 31 - 1854 years (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>92</u>	<u>3</u>	<u>11</u>	hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business Housewife

12. Name Elisha Taylor

13. Birthplace unknown

14. Maiden name Therinda Williamson

15. Birthplace unknown

16. (a) Informant Mrs Francis Bausch

(b) Address Saracape MO

17. (a) Buried (b) Date thereof 2-23-47

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pine City Cem

18. (a) Signature of funeral director Jackman & Sons

(b) Address Saracape MO

19. (a) 5-23-47 (b) L. B. Clinton

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jasper

(c) City or town Saracape

(d) Street No. 0

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th year 1947 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan 11 1947 to May 20 1947 that I last saw him alive on April 28 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the lung

Duration 1 year

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

Signature J. M. York (M. D. or other)

Address Saracape MO Date signed 5-22-47

47-5-481

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 Wm K Jackson

Licensed Embalmer No. 3954

P. O. Address Lancaster 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.