No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4109

Registration District No. FILED MAR 5 1948 43

Primary Registration District No. 3007

Registrar's No. 65

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 Bradley St - Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler 12
(c) City or town Poplar Bluff (If outside city or town limits, write "RURAL") 7
(d) Street No. Bradley St (If rural, give location) 3
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Nora Wise
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F 3
5. Color or race Col.
6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife Peter Wise
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May (Month) 10 (Day) 1874 (Year)

8. AGE: Years 73 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Jackson co Ark (City, town or county) (State or foreign country) /
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Joe Miller /
13. Birthplace Tenn (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Belle Watson /
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Peter Wise
(b) Address Poplar Bluff Gen Del
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mo 2-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem.
18. (a) Signature of funeral director Watkins Funeral Home
(b) Address Dexter Mo
19. (a) 2-18-48 (Date received local registrar) (b) R W Mintree (Registrar's signature) 2.5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 1948 hour 8 PM minute M.

21. I hereby certify that I attended the deceased from 1946, 19, to 17 Feb 1948 that I last saw her alive on 1 Feb 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart Disease	years
Due to Pulmonary Edema	4 wks.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 A W Brookman MD (M. D. or other)
Address 321 Oak Poplar Bluff Mo 19 Feb 48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 348-30
Date Filed 3-2-46

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.