

MAY 15 1940 399

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1664

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 days
(Specify whether
 In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME Lewis Wisner 256

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Aug. 25th. 1868
(Month) (Day) (Year)

| | | | |
|---------------|----------|-----------|----------------------|
| 8. AGE: Years | Months | Days | If less than one day |
| <u>71</u> | <u>7</u> | <u>19</u> | hr. _____ min. _____ |

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

10. Usual occupation Salesman

11. Industry or business Insurance

12. Name Luther Wisner

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Everine Smith
(City, town, or county) (State or foreign country)

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature K.C. General Hosp.

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 4/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director W. F. Mayberry

(b) Address 2315 Linwood Blvd.

19. (a) 4-18-1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1100 Pem St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
 year 1940 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 3rd, 1940 to April 13th 1940 ;
 that I last saw him alive on April 13th, 1940 19____ ;
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia; Pulmonary congestion and edema; Subternal abscess.

Due to _____
 Due to _____

Other conditions See above
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy See above

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 1

23. Signature P. J. De Maria M.D. (Mr. or Mrs.)
 Address Supt. K.C. Gen. Hospital, K.C. Mo. signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

P. E. Snow

Licensed Embalmer No..... **2560**

P. O. Address..... **2315 Linwood Blvd.**

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, above space should be left blank.