

DECEASED JUL 15 1940
Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **2251**

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 **7 days** (Specify whether
In this community **Life** years, months or days)

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. **1806 Baltimore** (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **31st**
year **1940** hour **6** minute **35 P.** M.
21. I hereby certify that I attended the deceased from
5-24-40, 19, to **5-31-40**, 19;
that I last saw him alive on **5-31-40**, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death
Retroperitoneal sarcoma with internal hemorrhage

Due to _____
Due to _____
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy
See above

Duration

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?
3 While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **W. J. DeWanna** (M. D. or other) _____
Address **Supt. K.C. Gen. Hospital 1, K.C. Mo.** Date signed _____

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

3. (a) PRINT FULL NAME **Jesse Wise**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **703-03-8487**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

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

7. Birth date of deceased **April 2nd 1892** (Month) (Day) (Year)

8. AGE: Years **48** Months **3** Days **29** If less than one day hr. _____ min.

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

10. Usual occupation **K.C. Terminal R.R. Co.**

11. Industry or business _____

MOTHER FATHER { 12. Name **Jesse Wise**

13. Birthplace **Iowa** (City, town, or county) (State or foreign country)

14. Maiden name **Nana Howrey**

15. Birthplace **Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Record clerk**

(b) Address **K.C. General Hospital, K.C. Mo.**

17. (a) **Removed** (b) Date thereof **6-1-40** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasanton Kansas**

18. (a) Signature of funeral director **Freeman Motuary**

(b) Address **104 W 42nd St K.C. Mo.**

19. (a) **June 1, 1940** (b) **Dr. M. Browe** (Date received local registrar) (Registrar's signature)

703-03-010
D

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 *J. Brazell*

Licensed Embalmer No. 4030

P. O. Address 104 W 12th St KC

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.