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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24600

AUG 5 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 717

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

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: 313 Yale Str. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether In this community 39 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits write "RURAL")

(d) Street No. 507 Ohio Str. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years

3. (a) PRINT FULL NAME Thomas V. Wisneski 252

3. (b) If veteran, name war None

3. (c) Social Security No. 487-05-0847

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Eva Wisneski

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased May (Month) 24 (Day) 1901 (Year)

8. AGE: Years 39 | Months 1 | Days 10 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Butcher

11. Industry or business Swift & Co.

FATHER
12. Name Adam Wisneski
13. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Johanna Ushler
15. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Tony Wisneski

(b) Address 507 Ohio Str. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery.

18. (a) Signature of funeral director Herman Wm. Sidenfaden

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 7/5/40 (Date received local registrar) (b) H. J. Hostlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th year 1940 hour 4 minute 00 P M.

21. I hereby certify that I ~~attended~~ viewed the deceased from July 4th, 1940, to ....., 19..; that I last ~~saw~~ ~~alive~~ on ....., 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Suicide by fire arms	
Due to	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
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) Suicide

(b) Date of occurrence July 4th 1940

(c) Where did injury occur? St Joseph, (City or town) Mo. (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

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While at work? no (e) Means of injury Gunshot

23. Signature B. W. Tadlock Coroner (M. D. or other)

Address King Hill Bldg Date signed 7/6/40

(Licensed Embalmer's Statement on Reverse Side)

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 Albert E. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.