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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21851

Registration District No. 400 Primary Registration District No. 555312 Registrar's No. 117

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural - Prairie Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Jackson County Emergency Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Rural Lees Summit Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. R. 1 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charline Ann Wise

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased June (Month) 23 (Day) 1941 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 3 hr. min.

9. Birthplace Jackson County Hospital (City, town, or county) (State or foreign country) Jackson Co. Mo.

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Melvin Wise
13. Birthplace Ardmore (City, town, or county) Oklahoma (State or foreign country)

MOTHER
14. Maiden name Dollie Lindsey
15. Birthplace Cordell (City, town, or county) Oklahoma (State or foreign country)

16. (a) Informant Melvin Wise
(b) Address Lone Jack Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Lees Summit Mo

18. (a) Signature of funeral director N B Langford
(b) Address Lees Summit Mo

19. (a) 6-24-41 (Date received local registrar) (b) Lora Edwards (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1941 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from 6-23, 1941, to 6-23, 1941; that I last saw her alive on 6-23, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature baby (6 Months)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) Mid.
Address Lees Summit Mo Date signed 6/24/41

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.