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4-41
7-39
X28390

FILED AUG 16 1949
Registration District No. **99**

Primary Registration District No. **1002**

Registrar's No. **2792**

1. PLACE OF DEATH:

(a) County **Jackson**
Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Gen. Hosp. #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **less than 24 hours**
(Specify whether
In this community **40 years** **0**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **048**
(c) City or town **Kansas City** (If outside city or town limits, write "RURAL")
(d) Street No. **1705 Agnes** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME

MARYLYN WISE

3. (b) If veteran,

none

3. (c) Social Security

708-03-9612

4. Sex

Male

5. Color or race

Col

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

married

6. (b) Name of husband or wife

Edna Wise

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

49 years

7. Birth date of deceased

April 8, 1886
(Month) (Day) (Year)

8. AGE:

Years **55**

Months **3**

Days **13**

If less than one day

hr. min.

9. Birthplace

Booneville, Mo.

10. Usual occupation

Car Cleaner

11. Industry or business

K. C. Terminal

12. Name

Garrison Wise

13. Birthplace

Mo.

14. Maiden name

Harriett Gilliam

15. Birthplace

Mo.

16. (a) Informant

Edna Wise

(b) Address

2028 Olive

17. (a) **burial**

(Burial, cremation, or removal)

(b) Date thereof

7/ 25/41
(Month) (Day) (Year)

(c) Place: burial or cremation

Highland Cem.

18. (a) Signature of funeral director

Watkins Bros

(b) Address

1729 Lydia

19. (a) **7/25/41**

(Date received local registrar)

M. M. Crow

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **21** year **1941** hour _____ minute _____ M.

21. I hereby certify that **Deputy Coroner** attended the deceased from **8:20 P.M.** to **8:20 P.M.** 19____; that I found **Deputy Coroner** alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic of the liver**

Due to **124 B**
Due to **124 B**
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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) _____ (Specify means of injury)
23. Signature *W. C. M. M.* (M. D. or other) **W.C.M.**
Address **W.C.M.** Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

.....
working under my personal supervision.

A. B. Moore Registered Apprentice No. *me*

Signed *A. B. Moore*

Licensed Embalmer No. *2440*

P. O. Address *1820 E. L. S. of*

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.