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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 6 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3239

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:
St Mary's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 7-4-43
(Specify whether)

In this community Since 1902
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1215 Manheim Road
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Cyril P. Wise

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M

5. Color or race White

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

6. (b) Name of husband or wife Karleen Wise

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 9 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>0</u>	<u>15</u>	_____ hr. _____ min.

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

10. Usual occupation Depty County clerk

11. Industry or business Jackson County

MOTHER FATHER { 12. Name Charles P Wise

{ 13. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Wear

{ 15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Karleen Wise

(b) Address 1215 Manheim Road

17. (a) Burial (b) Date thereof 7-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St Mary's

18. (a) Signature of funeral director J. W. Fugard

(b) Address Kansas City Mo.

19. (a) 7-24-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1943 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from July 4 - 1943 to July 24 - 1943
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Toxic anemia and paralytic ileus consequent to Catarrh acute bilateral pneumonia due to of undetermined origin.

Due to _____

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

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? _____

While at work? _____ (Specify type of place)

(e) Means of Injury _____

23. Signature Prof. J. E. Brown (M. D. or other)

Address Prof. J. E. Brown, K.C. Mo. Date signed _____

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

Dr. ~~Walter~~ Goldman
Prof Bldg.

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 A. R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City Mo

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.