

Registration District No. **149**

Primary Registration District No. **1002**

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:
3605 Summit Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **58 Years** (Specify whether 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. **3605 Summit Street**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Owen Blanchard Wylie**

3. (b) If veteran, name war **Spanish-American** **3. (c) Social Security No.** **None**

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

6. (b) Name of husband or wife **Mrs. Nettie F. Wylie** **6. (c) Age of husband or wife if alive.** **60** years

7. Birth date of deceased **June 14th 1878**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	7	8	hr. min.

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

10. Usual occupation **Retired**

11. Industry or business **Letter Carrier**

12. Name **John W. Wylie**

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

14. Maiden name **Margaret Swing**

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

16. (a) Informant **Mrs. Nettie F. Wylie**

(b) Address **3605 Summit Street**

17. (a) Burial **(b) Date thereof** **1/24/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Osborn, Missouri**

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

(b) Address **104 West 42nd street**

19. (a) Date received local registrar **Jan 24, 1944** **(Registrar's signature)** **J. E. Brown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan 22** day **22** -
year **1944** hour **5** minute **A.M.**

21. I hereby certify that I attended the deceased from **July 1** - **1943** to **Jan 22** - **1944**
that I last saw him alive on **Jan 22** - **1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Stomach** **Duration 8 mos**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy **none** **46 b**

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 **E. J. E. Fournal** (M. D. or other) **M.D.**

Address **911 Waldheim Bldg** **Date signed** **1-22-44**

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

MOTHER FATHER

FEB 16 1944

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.