

No. 2  
M-5-43  
7-5-17-39  
I X38671

FILED DEC 19 1946

State File No. ....

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 5087

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:  
Catholic Hosp - 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days  
(Specify whether years, months or days)

In this community 35 yrs -

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. 2418 - Troost  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Riley Wise

3. (b) If veteran, name war no

3. (c) Social Security No. 496-07-7649

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Bertha Ruth Wise

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Mar 27 - 1892  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2 year 1946 hour 11:55 minute A.M.

21. I hereby certify that I attended the deceased from November 9th, 1946, to December 2, 1946, that I last saw him alive on December 2, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

8. AGE: Years 54 Months 0 Days 5 If less than one day hr. min.

Due to Anterior duodenal ulcer

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Checker

11. Industry or business K.C. Wholesale Gro Co

12. Name Lewis A. Wise

13. Birthplace Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Jane Duncan

15. Birthplace Miss.  
(City, town, or county) (State or foreign country)

Major findings: 178

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Bertha Ruth Wise

(b) Address 2418 Troost

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 4 - 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Kirkville Miss.

18. (a) Signature of funeral director Mrs Ch. Jester

(b) Address 918 Brooklyn

19. (a) 12-3-46 (Date received local registrar) (b) Steldine Holmes (Registrar's signature)

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) (a) Means of injury 2

23. Signature A. J. M. ... (M. D. or other) PO

Address Bryant Bldg. K.C. Mo. Date signed 12-2-46

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD  
397839

**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 *E. H. Wise*.....

Licensed Embalmer No. *2570*.....

P. O. Address *Ro. 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.**