

FILED MAY 20 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2630

48
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Marys Hoptl.
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 20 Days
(Specify whether years, months or days) 20 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17
(c) City or town Josworth Mo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Clara Ann Wisebecker

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1947 hour 10 minute 40 A.M.
21. I hereby certify that I attended the deceased from Carroll, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife Charles Wisebecker 6. (c) Age of husband or wife if alive Over years
7. Birth date of deceased 1 22 1898
(Month) (Day) (Year)

Immediate cause of death 1st 2nd 3rd degree burn of chest-abdom arm & leg.
Due to Sarbanium explosion

8. AGE: Years 69 Months 3 Days 12 If less than one day hr min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 181.5
Of operations _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name David Rught 9
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Geo. Wolf
(b) Address Camden Mo.

17. (a) Removal (b) Date thereof 5/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bosworth, Mo.

18. (a) Signature of funeral director Stine-McClive
(b) Address Kansas City, Mo

19. (a) 5-6-47 (b) Thelma Holmes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence March 13-47
(c) Where did injury occur? Bosworth Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home (Specify type of place) Gas furnace
While at work? no (e) Means of injury explosion

23. Signature Jimmie Walker (M. Director)
Address 1424 N. 11th Date signed 5-5-47

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

AUG 28 1947

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.....

J. Clair Sheppard

Licensed Embalmer No. *4179*

P. O. Address..... *K. O. Pa.*

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.