

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16900
2374

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY OR TOWN **Kansas City**
c. LENGTH OF STAY (in this place) **30 yrs.**
d. FULL NAME OF HOSPITAL OR INSTITUTION **General Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri**
b. COUNTY **Jackson**
c. CITY OR TOWN **Kansas City**
d. STREET ADDRESS (If rural, give location) **7207 Wabash**

3908
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3. NAME OF DECEASED
a. (First) **Russell** b. (Middle) **John** c. (Last) **Wise**
4. DATE OF DEATH (Month) (Day) (Year) **June 1 1951**

5. SEX **M** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED **married**
8. DATE OF BIRTH **Jan. 9, 1894** 9. AGE (In years) (Month) (Day) (Year) **57**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **steel worker**
10b. KIND OF BUSINESS OR INDUSTRY **Columbian Steel Tank**
11. BIRTHPLACE (State or foreign country) **Ottumwa, Iowa**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Russell Wise**
13b. MOTHER'S MAIDEN NAME **Sarah Ellen Park**
14. NAME OF HUSBAND OR WIFE **Mrs. Mary L. Wise**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give year or dates of service) **World War I**
16. SOCIAL SECURITY NO. **496-09-0553**
17. INFORMANT'S SIGNATURE OR NAME **Wm. Perry Wise** ADDRESS **7207 Wabash**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Shock & Decubitus**
ANTECEDENT CAUSES **Crushing injury of chest**
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Street** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Jackson Co. Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) **5:26-31 m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **Ran off driveway in car**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE **Geo. C. Kealhofer** (Degree or title) 23b. ADDRESS **4050 Broadway St. S.W. 6-2-51** 23c. DATE SIGNED **6-2-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 4, 1951** 24c. NAME OF CEMETERY OR CREMATORY **Mt. Moriah Cemetery** 24d. LOCATION (City, town, or county) (State) **Jackson Co. Missouri**

DATE REC'D BY LOCAL REG. **6-2-51** REGISTRAR'S SIGNATURE **Geraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **BENTLEY MORTUARY** ADDRESS **5811 Troost K.C. Mo.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.

Student Embalmer No.....

Signed.....

Grey Buffington

Signed.....
Student Embalmer

Licensed Embalmer No.....

2756

P. O. Address.....

N.C. 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.