

REC'D FEB 20 1939

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

1053

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 66  
 (c) City Kansas City (d) Street No. 1615 Summit St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mrs. Millie C. Wiese

(a) Residence, No. 1613 Summit St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Wiese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
65 6 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland13. NAME James Collins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Catherine Welsh16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) Clara Wiese  
Villa Park, Ill.18. BURIAL, CREMATION, OR REMOVAL - Burial  
 PLACE St. Marys DATE 1/7/3919. FUNERAL DIRECTOR (NAME) (ADDRESS) H. F. Hawberry  
2315 Linwood Blvd. K. City20. FILED Jan 6, 1939 M. M. Crowe  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/5/39

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to Jan. 5, 1939

I last saw her alive on Jan. 4, 1939. Death is said to have occurred on the date stated above, at 7:00 Am.

The principal cause of death and related causes of importance were as follows:

MyocardosisDate of onset  
10 days

Other contributory causes of importance:

Chronic Glomerular NephritisChronic Myocardial DamageLeft bundle branch blockName of operation NONE Date ofWhat test confirmed diagnosis? Lab & Clin Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injuryWhere did injury occur? NONE  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.Manner of injury  
 Nature of injury24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify(Signed) H. T. Wittenberg(Address) 214 Bright Bldg.  
31st & Prospect(Licensed Embalmer's Statement on Reverse Side) Kansas City, Missouri.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**