

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.

REG 1939 98
Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 349

1. PLACE OF DEATH:
(a) County Jackson Block 7
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 8709 Smart 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days) 5 1/2

3. (a) PRINT FULL NAME Wyse L. Wambaugh
3. (b) If veteran, name war no
3. (c) Social Security No. 48705-4607

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maguerite Wambaugh 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased March 22, 1898
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days 25
If less than one day _____ min.

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

10. Usual occupation Carpenter

11. Industry or business Sheffield Steel Corp

12. Name Fitch Wambaugh
13. Birthplace Ladysburg
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda C. Taylor
15. Birthplace Jackson County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Maguerite Wambaugh
(b) Address 8709 Smart

17. (a) Cause of death Gunshot Date thereof 11/19/39
(Burial, cremation, or removal) (Specify type of death) (Year)
(c) Place: burial or cremation Glendale Hills, Kan.

18. (a) Signature of funeral director Wm. B. Carson
(b) Address Independence, Mo.

19. (a) Nov. 22-39 (Date received local registrar) (b) S. D. Cook (Registrar's signature)

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. 8709 Smart
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
07 year 1939 hour 1:10 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I first saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound, head.
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 167

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 11-17-39
(c) Where did injury occur? Home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury _____

23. Signature Wm. B. Carson (M. D. or other) _____
Address _____ Date signed _____

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 Raymond Martin, Registered Apprentice No. 199
working under my personal supervision.

Signed [Signature]
Licensed Embalmer No. 3156
P. O. Address Indep. 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, above space should be left blank.