

No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9558

APR 15 1941

Registrar's No. 967

Registration District No. 349

Primary Registration District No. 1002

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:  
3419 Kenwood  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary E. Lefler Wiseman

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. John Wiseman 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased February 5 1870  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>71</u> | <u>1</u> | <u>3</u> | <u>hr. min.</u>      |

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

10. Usual occupation At Home

11. Industry or business -----

MOTHER FATHER { 12. Name James Lefler

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

14. Maiden name Frances Romine

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

X6. (a) Informant Mrs. Edith M. Bowers

(b) Address 3419 Kenwood K.C., Mo

17. (a) Removal (b) Date thereof Mar 8-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vermillion, Kansas

18. (a) Signature of funeral director W. H. Newsome

(b) Address 1401 Brush Creek Blvd.

19. (a) Mar 9 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 9.99

(a) State Kansas (b) County Nemha 140

(c) City or town Centralia  
(If outside city or town limits, write "RURAL")

(d) Street No. -----  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th  
year 1941 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from March 7 1941 to March 8 1941  
that I last saw her alive on March 7 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 7

Due to ?

Due to ?

Other conditions excessive weight  
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

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) (e) Means of injury 2

23. Signature K. W. Farwell (M. D. or other) DO

Address 406 W. 11th St. Date signed 3-8-41

11-27  
3/27 + Traast  
H.C. M.

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 George M. Collier  
Licensed Embalmer No. 3839  
P. O. Address H.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.**