

FILED MAY 11 1944

Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **1967**

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:  
**Research Hospital,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **10 days**  
(Specify whether  
In this community **13 years,**  
years, months or days)

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. **1030 Benton,**  
(If rural, give location)  
(e) Citizen of foreign country? **NO.** (Yes or No)  
If yes, name country **X**

3. (a) PRINT FULL NAME **Miss Helen M. Weise,**

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 **Single**

6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **May 26 1899**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**44 11 08** hr. min.

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

10. Usual occupation **Teacher,**

11. Industry or business **School**

MOTHER FATHER { 12. Name **Fred Weise,**  
13. Birthplace **Missouri,** (City, town, or county) (State or foreign country)  
14. Maiden name **Daisy Gaddy**  
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Fred Weise,**  
(b) Address **Rolla, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5-6-44**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Rolla, Missouri**

18. (a) Signature of funeral director **Stine & McClure,**  
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **5-5-44** (b) **H. E. Brown**  
(Data received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **4th**  
year **1944** hour **8:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 24**  
**1944**, to **May 4**, 19**44**  
that I last saw her alive on **May 4**, 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia** Duration

Due to **Metastatic carcinoma of both lungs.**  
Due to **47th**

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations **Removal of right breast** PHYSICIAN  
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)  
(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 **M.D.**  
23. Signature **H. E. Brown** (M. D. or other)  
Address **530 Myrtle Street, K. C., Mo.** Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 16 1944

Dr. I. M. Lockwood, *any*

JUN 19 1944  
JAN 12 1945

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. *#8*

working under my personal supervision.

Signed *E M Plank*

Licensed Embalmer No. *1848*

P. O. Address *Aemo*

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.