

U. S. No. 2
FORM-2-43
Rev. 5-17-39
PI X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1944
Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40428**
Registrar's No. **4958**

Primary Registration District No. 1002

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:
809 East 14th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 28 Years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Joseph L. Wise
(b) If veteran, name war No
(c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Nora Wise
(c) Age of husband or wife if alive 33 years
7. Birth date of deceased 4 5 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 0
If less than one day hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business

MOTHER FATHER
12. Name Thomas Wise
13. Birthplace Va
(City, town, or county) (State or foreign country)
14. Maiden name Margaret E Krause
15. Birthplace Va
(City, town, or county) (State or foreign country)

16. (a) Informant Charles R. West

(b) Address Piper Knos

17. (a) Rural (b) Date thereof Dec 7 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem RCR

18. (a) Signature of funeral director Wm C Foster

(b) Address 918 Brooklyn

19. (a) Dec 7-1944 (b) J E Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town 169 1/2 Cherry
(If outside city or town limits, write "RURAL")
(d) Street No. Kansas City
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 5
year 1944 hour 12 minute 40 P M.

21. I hereby certify that I attended the deceased from Jan 10 1944 to Nov 30 1944
that I last saw him alive on Nov 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Heart exhaustion
Due to Failing myocardium

Other conditions Generalized edema
(Include pregnancy within 3 months of death)

Major findings: 250a
Of operations
Of autopsy
PHYSICIAN
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 injury) (e) Means of injury
23. Signature G. C. McCormick (M. D. or other)
Address Kansas City, Mo Date signed 12-5-44

112779
L. H. Nix

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 L. H. Nix

Licensed Embalmer No. 2570

P. O. Address Kansas City 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.