

FILED JUL 30 1945
194

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **3009**

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 **General Hospital 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 Day -**
In this community **1.0 months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 48**
(c) City or town **Kansas City 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **3606 +roost 7**
(If rural, give location)
(e) Citizen of foreign country? **no 0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Charles William Wismueller**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **4-96-126-0424**

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

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

7. Birth date of deceased **September 9 1944**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	000	10	7	hr. min.

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

10. Usual occupation **Baby**

11. Industry or business **at Home**

MOTHER FATHER

12. Name **William Chas Wismueller**

13. Birthplace **Mc Calister Oklahoma**
(City, town, or county) (State or foreign country)

14. Maiden name **Rose Marie Curry**

15. Birthplace **Kansas city Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Chas Wismueller**

(b) Address **3606 - troost ave**

17. (a) **Burial** (b) Date thereof **7-18-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Celery Cemetery**

18. (a) Signature of funeral director **Melody McElly Ely**

(b) Address **K.P. MO.**

19. (a) **7-18-45** (b) **Bessie Helms**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **16** 19**45** hour **12** minute **35** P. M.

21. I hereby certify that I attended the deceased from **July 16 45** to **July 16 45** 19**45**

that I last saw him alive on **July 16** 19**45** and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute tracheo bronchitis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy **see above**

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 _____

23. Signature **Clark W. Seal** (M.D. or other) _____
Address **Med. Dir. K.C. General Hospital**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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

Russell N. France

Licensed Embalmer No. *4255*

P. O. Address *K. 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.