

FILED OCT 22 1945

Registration District No. _____

Primary Registration District No. 4170

Registrar's No. 62

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Union Star, Mo.
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb
(c) City or town Union Star, Mo
(d) Street No. _____
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME CARRIE J. WISE

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife H. O. Wise 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Oct. 24 1893
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1945 hour 2 minute _____ P.M.
21. I hereby certify that I attended the deceased from Sept 18, 1945 to Sept 23, 1945
that I last saw her alive on Sept 23, 1945 and that death occurred on the 23 date and hour stated above.
Immediate cause of death Cardiac Failure Duration _____

8. AGE: Years 51 Months 10 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Platte County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Jennings
13. Birthplace Unknown
14. Maiden name Ida Mae Clark
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant H. O. Wise
(b) Address Union Star, Mo
17. (a) Burial (b) Date thereon Sept 25, 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Star

18. (a) Signature of funeral director Luile M. Wilson
(b) Address King City, Mo.
19. (a) _____ (b) W. H. Vackeris
(Date received local registrar) (Registrar's signature)

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

Major findings:
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? _____

(Specify type of place) _____
While at work? _____ (c) Means of injury ?
23. Signature W. H. Vackeris (M.D. or other) D.O.
Address Union Star Mo. Date signed 9/24/45

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

337
0
0

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 Lucile M. Wilson

Licensed Embalmer No. 2830

P. O. Address King 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.