

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36871

STANDARD CERTIFICATE OF DEATH

State File No. **36449**
Registrar's No. **4685**

Registration District No. **149**

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, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3200 Norledge 4 H.C. Conv. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
In this community 10 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George D. Wisely
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex MO 5. Color or race wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Rose S. Wisely
6. (c) Age of husband or wife if alive 16 years (Day) 1876 (Year) 1869
7. Birth date of deceased (Month) 5 (Day) 16 (Year) 1876

8. AGE: Years 76 Months 5 Days 26
If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Grocery man Retired

12. Name Laurence D. Wisely

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

14. Maiden name Mary Frances

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

16. (a) Informant G. Fred Wisely

(b) Address 9002 669th

17. (a) Burial (b) Date thereof 11-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blainstown Mo

18. (a) Signature of funeral director Brookster

(b) Address 918-20 Brookline, K. Mo.

19. (a) 11-13-45 (b) Ernalthe Helme
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") Rural 0
(d) Street No. 9002 669th (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1945 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 1 - 1945 to Nov 12 - 1945
that I last saw him alive on Nov 11 - 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 40 hrs

Due to Atherosclerosis 12 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: None PHYSICIAN None
Of operations: None
Of autopsy: None
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? (e) Means of injury None

23. Signature J. G. Sheldon (M. D. or other)
Address 928 W. 17th St. Mo. Date signed 11-13-45

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.....

JOE B. Yoder

Licensed Embalmer No..... *4173*

P. O. Address..... *918 Brooklyn*

R.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.