

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9509**
Registrar's No. **1698**

FILED MAR 25 1947

Registration District No. 247

Primary Registration District No. 1002

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: St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 4 months

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. 6337 Walnut Street 81
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MRS. JENNIE WISHART

3. (b) If veteran, name war No

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1947 hour 2 minute 2 P.M.

21. I hereby certify that I attended the deceased from Jan 12 - 1947
to Mar 10, 1947;
that I last saw her alive on Mar 9, 1947;
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Donald F. Wishart

6. (c) Age of husband or wife if alive 1 years 1863

7. Birth date of deceased January (Month) 1 (Day) 1863 (Year)

Immediate cause of death coronary occlusion, posterior

Duration 8 days

8. AGE: Years 84 Months 2 Days 9
If less than one day hr. min.

Due to arteriosclerosis ?

Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation at home

Major findings: Of operations 940

Of autopsy _____

11. Industry or business _____

12. Name William Blaine 4

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

14. Maiden name Agnes Wallace

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Harold F. Wishart

(b) Address 6337 Walnut Street

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Removal (b) Date thereof 3 - 10 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kalispell, Montana

(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? _____

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd, St. Kansas City, Mo.

While at work? _____ (Specify type of place)

(e) Means of injury _____

19. (a) 3-10-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature R Paul Wright (M. D. or other) MD

Address 1324 Prof. Bldg, Kansas City Date signed Mar 10 - 47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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..... *Walter H Erwin*.....
Licensed Embalmer No..... *4352*.....
P. O. Address..... *Stunace 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.