S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 28006

Registrar's No. 3517

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: 323 N. Denver
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community: 27 years
years, months or days)

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")
(d) Street No.: 323 N. Denver
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mary E. Wiss
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: John G. Wiss
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: December (Month) 16, (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	7	28	hr. min.

9. Birthplace: Williamstown (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
FATHER
12. Name: Alex Love
13. Birthplace: Scotland 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Anna Gilleland
15. Birthplace: unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: John G. Wiss
(b) Address: 323 N. Denver
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn
18. (a) Signature of funeral director: Geo. C. Carson
(b) Address: Independence, Mo.
19. (a) 8-15-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 year 1947 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from July 27, 1947 to August 14, 1947 that I last saw her alive on August 13, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute myocardial insufficiency	3 days
Due to: scirrhous carcinoma of liver	10 mo.
Due to:	
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 4 ef
Of autopsy:

PHYSICIAN
Underline the cause of 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 2

23. Signature: W. M. Fowler (M. D. or other) D.O.
Address: Shuckert Bldg KC Mo Date signed 8/15/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

Licensed Embalmer No.....

P. O. Address.....

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.

WRITE PLAINLY—USING UNFADING

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

10. Usual occupation housewife

11. Industry or business .....

FATHER
12. Name Alex Love
13. Birthplace unknown, Scotland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Gilleland
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant John L. Weiss
(b) Address 323 N. Hender

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Geo. C. Carson Funeral Home
(b) Address Independence, Mo.

19. (a) 8-15-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause of 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 .....

23. Signature W M Fowler (M. D. or other) D.O.
Address Shukert Bldg KC Mo Date signed 8/15/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Indep. Mon

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.