S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38515

FILED NOV 24 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4665

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

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 #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 year
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. 1225 Penn 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wishkeno, Sarah
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 Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Oct 18 1946
(Month) (Day) (Year)

8. AGE: Years 1 Months 0 Days 18 If less than one day hr. 1 min.

9. Birthplace Kansas 1
(City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Ivan Wishkeno
13. Birthplace Kansas 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lena Pahmahmee
15. Birthplace Kansas 1
(City, town, or county) (State or foreign country)
16. (a) Informant Hosp. Records
(b) Address Kansas City, Mo
17. (a) Removal (b) Date thereof 11-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holton, Kans
18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address K.C. Mo.
19. (a) 11-7-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6
year 1947 hour 4 minute 20 P.M.
21. I hereby certify that I attended the deceased from Nov 5, 1947, to Nov 6, 1947;
that I last saw er alive on Nov. 6, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death unclassified anemia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 7 3-d	
Of autopsy None	

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 Wm. W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 11-6-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Prentice

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 Portland Minor

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.