

FILED JUN 23 1950

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20558**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2503**

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. LENGTH OF STAY (In this place) **35 yrs**

d. FULL NAME OF HOSPITAL OR INSTITUTION **2111 Terrace, residence**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

d. STREET ADDRESS (If rural, give location) **2111 Terrace**

3. NAME OF DECEASED

a. (First) **Mr. Win** b. (Middle) **-** c. (Last) **Wise**

4. DATE OF DEATH (Month) (Day) (Year) **June 3, 1950**

5. SEX **Female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Oct. 19, 1895** 9. AGE (In years last birthday) **54** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Sheep butcher** 10b. KIND OF BUSINESS OR INDUSTRY **Cudahy Packing Co.** 11. BIRTHPLACE (State or foreign country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **William Wise** 13b. MOTHER'S MAIDEN NAME **Florence (last name unknown)** 14. NAME OF HUSBAND OR WIFE **May Wise, wife**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **510-05-8129** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. May Wise** ADDRESS **2111 Terrace, Kansas City, Mo.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cause of death unknown**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Geo. C. Keahofer** (Degree or title) **Gen. C. Keahofer, M.D., Deputy Coroner** 23b. ADDRESS **37447 Piedmont St. S.C. 220** 23c. DATE SIGNED **6-5-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **6/6/50** 24c. NAME OF CEMETERY OR CREMATORY **Forest Hill** 24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **6-5-50** REGISTRAR'S SIGNATURE **Thereldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **STINE & McCLURE** ADDRESS **Kansas City, Mo.**

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

Dr. Owens

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

L. J. Allen

Signed.....
Student Embalmer

Licensed Embalmer No.....

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P. O. Address.....

K. E. M.

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.