REC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1010

1. PLACE OF DEATH

County Jackson | Registration District No. | File No.

Township Kaw | Primary Registration District No. | Registered No. 23

City Kansas City, Mo. (No. General Hospital St. Ward)

2. FULL NAME 256 William Wasmer

(a) Residence, No. 6234 E 15th St., St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Malem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Evelyn Krueger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8/28/1899

7. AGE: YEARS 39 | MONTHS 4, | DAYS 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo 6

FATHER

13. NAME: Delbert Wasner 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo 8

MOTHER

15. MAIDEN NAME: Mary Fitzgibbons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mrs. Wm. Wasmer, 6234 E 15th St.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE: GreenLawn DATE: 1/5/39, 19

19. UNDERTAKER (ADDRESS): Sheil Funeral Home, 6606 Indep. Ave. K. C. Mo.

20. FILED: Jan 3, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-2-39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 6:00 P.M. The principal cause of death and related causes of importance were as follows:

Fracture of the skull
Diffuse subarachnoid cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of ..... Yes
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-2-39, 19
Where did injury occur? K. C. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Said to have fallen
Nature of injury: down stairs

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature], M. D.
(Address) Gen Hosp. K. C. Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 1 6 1949