

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.

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

24545

Do not use this space.

~~1939~~ AUG 7 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2758
 (c) City Kansas City (d) Street No. 4232 Holly St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 263 Frank S. Wichert

(a) Residence, No. 4232 Holly St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Marguerite Wichert
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1889
 7. AGE YEARS 50 MONTHS 2 DAYS 23 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Funeral Director
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/9, 1939
 22. 6/18 HEREBY CERTIFY, That I attended deceased from 7/9, 1939, to 7/9, 1939
 I last saw him alive on 7/9, 1939. Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:

Primary Carcinoma of left lung
Phlebotomy abscess
Secondary Carcinoma of right kidney & right adrenal
 Date of onset 1 yr ago
3 mo.
 Other contributory causes of importance:
Secondary Carcinoma of right kidney & right adrenal

12. BIRTHPLACE (CITY OR TOWN) Emporia (STATE OR COUNTRY) Kansas

FATHER 13. NAME Jacob Wichert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Marie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Marguerite Wichert
4232 Holly

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Abbey DATE July 11, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gates Funeral Home
Kansas City, Kansas

20. FILED July 9, 1939 M. M. Browne
 Local Registrar.

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....

(Signed) Dr. Council
 (Address) 1810 Medical Arts Bldg.
K.C. Mo.

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,

Harlyn Roy, or by

Registered Apprentice No., working under my personal supervision.

Signed *Harlyn Roy*

Licensed Embalmer No. *2810*

P. O. Address *Kansas 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, above space should be left blank.