

Registration District No. **399** Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
T.K.C. General Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution NONE  
(Specify whether)  
 In this community Sixty Years  
years, months or days

**3. (a) PRINT FULL NAME** Mary Wenzel  
**3. (b) If veteran,** No **3. (c) Social Security** No  
name war No.

**4. Sex** Female **5. Color or race** white  
**6. (a) Single, widowed, married,** Married  
divorced  
**6. (b) Name of husband or wife** Steven Wenzel **6. (c) Age of husband or wife if** alive years  
**7. Birth date of deceased** June 16 1867  
(Month) (Day) (Year)

**8. AGE:** Years 73 Months 7 Days 21 If less than one day  
hr. min.

**9. Birthplace:** Hungary 7  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** At Home 7

**11. Industry or business:** ----- 9

**MOTHER FATHER**  
**12. Name:** Joseph Ehrenhofer  
**13. Birthplace:** Hungary 7  
(City, town, or county) (State or foreign country)  
**14. Maiden name:** No record  
**15. Birthplace:** No Record 9  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** Daughter, Mrs. Roy Smith  
**(b) Address:** 4433 Penn Str., K. C. Mo.

**17. (a) Burial** **(b) Date thereof** Feb. 3- 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation:** Cabvary Cem K.C. Mo.

**18. (a) Signature of funeral director:** Mrs. C. L. Forster

**(b) Address:** 918 Brooklyn Avenue, K.C. Mo.  
**19. (a) Feb. 1, 1940** **(b) M. M. Brown**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Kansas (b) County Wagoner  
 (c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4536 Cambridge, K. C. Kansas  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. 7 years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Feb. day 1st, 1940  
 year 1940 hour 4:20 minute A.M.

**21. I hereby certify that I attended the deceased from** 19 to 19;  
 that I last saw alive on 19;  
 and that death occurred on the date and hour stated above.  
 The cause of death is

10-20-30 Burns 181  
 Due to 15

**Other conditions:** -----  
(Include pregnancy within 3 months of death)

**Major findings:** -----  
 Of operations -----  
 Of autopsy Time

**Duration**  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) Accident  
 (b) Date of occurrence 1-25-40

(c) Where did injury occur? K. C. Kans  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Accidentally backed up gas stove  
(Specify type of place)  
 What caused death is  
(Specify type of cause of death)

**23. Signature:** Walter J. Smith (M. D. or other)  
 \*Address K. C. Mo. Date signed -----

**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address A. C. M. Co.

**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.