No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13817

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 1529

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 54 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 4512 Bell
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: Miss Clara Elizabeth Werbe
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Fe
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Sgl
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: December (Month) 2 (Day) 1873 (Year)
8. AGE: Years 66 | Months 4 | Days 5 | If less than one day ____ hr. ____ min.
9. Birthplace: Indianapolis (City, town, or county) Indiana (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Public School Teacher
FATHER 12. Name: Christopher G. Werbe
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Lizette Werbe
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Robert F. Werbe
(b) Address: 4512 Bell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery
18. (a) Signature of funeral director: J W Wagner
(b) Address: Kansas City, Mo.
19. (a) April 8, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th year 1940 hour 6 minute 57 A.M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw him alive on ____, 19____; and that his death occurred on the date and hour stated above.

Immediate cause of death — Duration
Right heart dilitation 3
Obesity 95 B

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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)
(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? (Means of injury)
23. Signature: Nelson Cronin (M. D. or other)
Address: Kansas City, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address K. C. 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.