

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

Registration District No. **399**

Primary Registration District No. **1002**

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 Menorah Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11/11/40 (Specify whether
 In this community 73 Years
 years, months or days)

3. (a) PRINT FULL NAME Mr. Andrew M. Wimmers **562**
 8. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (b) Name of husband or wife Mrs. Emma Wimmers
 6. (a) Single, widowed, married, divorced Widowed
 6. (c) Age of husband or wife if alive --- years
 7. Birth date of deceased November 4 1861
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 6 20 hr. min.

9. Birthplace Dayton Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation Stone Contractor

11. Industry or business Retired

MOTHER FATHER { 12. Name Joseph Wimmers
 18. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Joe A Wimmers
 (b) Address 4503 Bark

17. (a) Burial (b) Date thereof May 27, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons
 (b) Address 1401 Brush Creek Blvd.

19. (a) May 24, 1940 (b) M. M. Craue
 (Date received local registrar) (Registrar's signature)

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. 3300 Gillham Road
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ----- years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 24th
 year 1940 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 19 1940
19 to May 27 1940
 that I last saw him alive on May 27 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to hypertension without
regiment
 Due to 82a
 Other conditions (include pregnancy within 3 months of death) 82a

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury !
 23. Signature M. M. Craue (M. D. or other) M.D.
 Address 206 E 12 Date signed 5-24

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

11:30-410
0

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 George M. Collier
Licensed Embalmer No. 3839-DIC.7
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.