

JUN 17 1940

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 400

Primary Registration District No. 55530

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Jackson Mo.  
(b) City or town Pharos  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson County Home for the aged  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 years 2  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Fritz Wenter 536

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased SEPT-29-1873  
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Teacher \_\_\_\_\_

11. Industry or business Unknown \_\_\_\_\_

12. Name Unknown \_\_\_\_\_

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown \_\_\_\_\_

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ernest Jackson

(b) Address Little Blue Mo.

17. (a) removal (b) Date thereof Apr 12 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pharos

18. (a) Signature of funeral director Ketter

(b) Address Little Blue Mo.

19. (a) 5-5-40 (b) Ernest L. Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Little Blue  
(If outside city or town limits, write "RURAL")  
(d) Street No. J. C. Home  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 6  
year 1940 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 3-20, 1940 to 4-6, 1940

that I last saw him alive on 4-5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Internal regurgitation

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

9:30 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature J. H. Green (M. D. or other) \_\_\_\_\_

Address Pharos Mo. Date signed 4-12-40

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 \_\_\_\_\_

Licensed Embalmer No. 3991

P. O. Address 5725 Virginia

**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.**