

No. 2
4-13-40
5-17-39
I X23159

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1343**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **303**

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 Days**
(Specify whether)

In this community **Lifetime**
years, months or days)

3. (a) PRINT FULL NAME **Mr. Hugo Henry Wuerz**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **487-10-7720**

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

6. (b) Name of husband or wife **Mrs. Hattie H. Wuerz** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **September 18 1874**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	4	0hr.....min

9. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired, Candy Foreman**

11. Industry or business **Loose-Wiles Biscuit Co.**

MOTHER FATHER { 12. Name **Hugo Wuerz**

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

14. Maiden name **Marie Krantz**

15. Birthplace **Hanover Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H. Wuerz**
(b) Address **4209 Windsor Avenue**

17. (a) **Burial** (b) Date thereof **Jan. 21, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Abbey**

18. (a) Signature of funeral director **J. H. Newcomer**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **Jan 21, 1941** (b) **M. M. Crowl**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **4209 Windsor Ave.**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **18**
year **1941** hour **10** minute **00 P.M.**

21. I hereby certify that I attended the deceased from **Jan 13 1941** to **Jan 18 1941**
that I last saw him alive on **Jan 18 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia** **5 days**

Due to **Ch. interstitial nephritis** **6 wks**
Ch. Myocarditis **6 wks**

Due to **108**

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

PHYSICIAN

Major findings:
Of operations:
Of autopsy:

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?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **Allen L. Hearst**
Address **1100 Prof. Bldg** Date signed **1-20-41**

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

*Dr. Albert H. ...
Prof. Bldg.*

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 *N. C. Newcomer Jr.*

Licensed Embalmer No. *4043*

P. O. Address *N. 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, fact should be so stated above.