

FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30872**
Registrar's No. **3630**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**

(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 **21 days**
(Specify whether years, months or days)

In this community **Over 55 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
3232 East 29th St. **8**

(d) Street No. **0**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **27th**
year **1941** hour **7** minute **40** 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 death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**

Due to **Chronic hyperostosis**

Due to **heart disease**

Duration

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **See report** **938**

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury **9/2**

23. Signature **[Signature]** (M. D. or other) _____

Address **[Signature]** Date signed _____

3. (a) PRINT FULL NAME **PHILLIP WETTIG**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

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

6. (b) Name of husband or wife **XX** 6. (c) Age of husband or wife if alive **XX** years **20** years **1856**

7. Birth date of deceased **June** **20** **1856**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	3	7	_____ hr. _____ min.

9. Birthplace **Wisconsin** **1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Janitor**

11. Industry or business _____

MOTHER FATHER { 12. Name **Theodore Wettig**

{ 13. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **No Record**

{ 15. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dena Gueck**

(b) Address **3232 E. 29th St.**

17. (a) **Burial** (b) Date thereof **9-29-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **J.W. Wagner**
Kansas City, Mo.

(b) Address _____

19. (a) **9/29/41** (b) **M.M. Cerome**
(Date received local registrar) (Registrar's signature)

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

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 A. R. Henschel

Licensed Embalmer No. 4159

P. O. Address Ke 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.