

FILED JUN 11 1942

Registration District No. 329

Primary Registration District No. 1002

Registrar's No.

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: **Lakeside Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12 hrs**
61 years (Specify whether years, months or days)

In this community **61 years**

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **4**

(d) Street No. **5701 Virginia**
(If rural, give location) **0**

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

If yes, name country

3. (a) PRINT FULL NAME **E. A. Wichmann (Erhard A. Wichmann)**

MEDICAL CERTIFICATION

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

3. (c) Social Security No. **None**

20. DATE OF DEATH: Month **May** **30** day
year **1942** hour **11** minute **30** M.

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

6. (b) Name of husband or wife **Ida B. Wichmann** 6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **Jan. 1, 1871**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 10** 19**42** to **May 30** 19**42**
that I last saw **him** alive on **May 30** 19**42**
and that death occurred on the date and hour stated above.

8. AGE: Years **71** Months **4** Days **29** If less than one day hr. min.

Immediate cause of death **acute dilatation of heart**

9. Birthplace **Brunswick, Mo.** (City, town, or county) (State or foreign country)

Due to **Carcinoma of thyroid gland and Cervical gland**

10. Usual occupation **Chemist (Retired)**

Due to **Primary - Probably Cancer of Thyroid**

Other conditions **55**
(Include pregnancy within 3 months of death)

11. Industry or business **K. C. Water Dept.**

Major findings **right thyroid gland sloughed away**

Of operations **lobectomy**

Of autopsy **yes**

PHYSICIAN

Underline the cause to which death should be charged statistically.

12. Name **Julius Wichmann**

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

14. Maiden name **Hermenia Neuman**

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

16. (a) Informant **Mrs. Chas. J. Kubicki**

(b) Address **5701 Virginia**

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?

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-2-42**
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

23. Signature **Dr. E. G. Smith** (Specify type of place) (a) Means of injury **2**
Address **2748 Charlotte** Date signed **5/29/42**

18. (a) Signature of funeral director **Thos. E. Quirk**

(b) Address **4316 Troost**

19. (a) **6-1-42** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

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

40000

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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.....

Thomas E. Turk

Licensed Embalmer No. *3775*

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.