

FILED JUL 9 1942
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2481**

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

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Margie Wettig
3. (b) If veteran. name war _____ **3. (c) Social Security No.** None

4. Sex F **5. Color or race** wh **6. (d) Single, widowed, married, divorced** Married
6. (b) Name of husband or wife George Wettig **6. (c) Age of husband or wife if alive** 75 years
7. Birth date of deceased. June 12 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 15 If less than one day hr. min.

9. Birthplace Lancaster Penn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name George F. Wright 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Wright
15. Birthplace Penn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Wettig
(b) Address 7602 Indiana

17. (a) Burial **(b) Date thereof** 6-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director F. W. Wagner

(b) Address H. C. Brown

19. (a) 6-29-42 **(b) M. M. Brown**
(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. 2402. Indiana
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th
 year 1942 hour 12 minute 45 P. M.
21. I hereby certify that I attended the deceased from 6-14-42 to 6-27-42
 that I last saw him alive on 6-27-42
 and that death occurred on the date and hour stated above.

Immediate cause of death: Auricular fibrillation
 Duration _____

Due to Post operative ventral hernia operated 6-23-42

Due to 1220

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
 Of operations _____

Of autopsy See above None

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

23. Signature Mary R. Thom (M. D. or other) _____
 Address Ed. Dir. K.C. Gen. Hospital Date signed _____

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. Haenscheld

Licensed Embalmer No.

4159

P. O. Address.....

K. E. 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.