

FILED AUG 1 1942

Registration District No. 299 Primary Registration District No. 1002

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 121 E. No. Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 yrs. (Specify whether In this community 50 yrs. years, months or days)

3. (a) **PRIME** FULL NAME Fred Wiegand
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Addie Wiegand 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Jan 26 - 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation Butcher

11. Industry or business Unknown

MOTHER FATHER
12. Name Unknown 9
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 Cross office
(b) Address 9 Kansas city mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-20-42
(Month) (Day) (Year)
(c) Place: burial or cremation Jacksonville Ill.

18. (a) Signature of funeral director F. W. Wagner
(b) Address Kansas city mo

19. (a) 7/20/42 (Date received local registrar) (b) In M. Crowe (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. 121 E Missouri ave
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 21 year 42 hour 2:15 minute 17 M.
21. I hereby certify that I attended the deceased from Jan 26 - 1862 to 7-20-42 that I last saw h. alive on 7-20-42 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: Of operations _____
Of autopsy Inspection
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, or in public place?
While at work? _____ (e) Means of injury 7/23
23. Signature John (N.D. or other) _____
Date signed 7/23

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 *Peter B. Lagetters*

Licensed Embalmer No. *4273*

P. O. Address *KC 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.