

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26535

State File No. \_\_\_\_\_

FILED SEP 11 1942

Primary Registration District No. 1002

Registrar's No. 3267

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:  
Mrs. Joseph McMahon's Nursing Home 623 Euclid  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Months  
(Specify whether  
In this community 15 Years  
years, months or days)

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. 623 Euclid Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Ann Wetherla  
(b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 31st  
year 1942 hour 3 minute \_\_\_\_\_ P. M.

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mr. Richard C. Wetherla  
6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased. August (Month) 4 (Day) 1872 (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1938 to Aug 31, 1942  
that I last saw her alive on Aug 21, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
70 0 27 hr. \_\_\_\_\_ min.

Immediate cause of death:  
arterio sclerosis nephritis  
arterio sclerosis  
Due to \_\_\_\_\_  
Due to Hypertension  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Buffalo New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name William Fitzgerald  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

14. Maiden name Julia Conway  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

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)

16. (a) Informant Richard C Wetherla  
(b) Address 3624 Front  
17. (a) Partial Burial (b) Date thereof Sept. 2, 1942  
(Burial, cremation, or removal) Mt. Calvary Cemetery (Month) (Day) (Year)  
(c) Place: burial or cremation Kansas City, Kansas  
18. (a) Signature of funeral director J. H. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.  
19. (a) 9-1-42 (b) M. N. Browne  
(Date received local registrar) (Registrar's signature)

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature Higha Gentry (M.D. or other) \_\_\_\_\_  
Address 303 W. 1st St. Date signed 9-1-42

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

MOTHER FATHER

*Dr. Hugh Estlin  
Hutchman*

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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 *J. Virgil Herrick*

Licensed Embalmer No. *3599*

P. O. Address *Kansas City, 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.**