S. No. 2
4—9-4-41
7. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30137

State File No.

Registration District No. 7 Primary Registration District No. 3012 Registrar's No. 139

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community: 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: 999
(c) City or town: Overland (If outside city or town limits, write "RURAL") 14
(d) Street No.: 5523 Outlook (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country: —

3. (a) PRINT FULL NAME: Frank A. Wurtenberger
3. (b) If veteran, name war: World War I
3. (c) Social Security No.: 513-07-5249
4. Sex: Male 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Catherine A. Wurtenberger
6. (c) Age of husband or wife if alive: unknown years
7. Birth date of deceased: August 29, 1895 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47	0	3	hr. min.

9. Birthplace: Kansas City, Kansas (City, town, or county) (State or foreign country) 1
10. Usual occupation: Postmaster
11. Industry or business: Post Office
FATHER 12. Name: Frank Wurtenberger
13. Birthplace: Germany (City, town, or county) (State or foreign country) 7
MOTHER 14. Maiden name: Katherine Mueller
15. Birthplace: — (City, town, or county) Missouri (State or foreign country) U
16. (a) Informant: Hospital Records, Veterans Administration, Excelsior Springs, Mo.
(b) Address:
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Calvary Cemetery
(b) Address: RUMSEY FUNERAL HOME Mission, Kansas
19. (a) 9-1-42 (Date received local registrar) (b) Mrs Sadie Redmond (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1 year 1942 hour 11:00 minute A. M.
21. I hereby certify that I attended the deceased from August 30, 1942 to September 1, 1942 that I last saw him alive on September 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Rheumatic disease of the heart with mitral stenosis, cardiac enlargement, myocardial fibrosis, myocardial insufficiency and auricular fibrillation, class V — History (since 1927)

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy: No autopsy

92 f

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? (Specify type of place): —
While at work? (c) Means of injury:
23. Signature: Chas J Kufangel (M. D. or other)
CHAS. J. KUFANGEL, M.D.
Address: Veterans Administration, Excelsior Springs, Mo. Date signed: 9-1-42

1166 (Licensed Embalmer's Statement on Reverse Side)

SEP 30 1942

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-29-42

MAY 14 1948

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. L. Ramsey

Licensed Embalmer No. 4165

P. O. Address Mission Kansas

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.