

FILED SEP 11 1942

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(c) Name of hospital or institution: St. Francis Convent - 5  
(d) Length of stay: In hospital or institution 36 yrs  
In this community 36 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon  
(c) City or town Nevada  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Miss Mary Margaret Wendel

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 20, 1880

8. AGE: Years 62 Months 3 Days 30 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Olpe, Kansas

10. Usual occupation General House Work

11. Industry or business \_\_\_\_\_

12. Name Joseph Wendel

13. Birthplace Germany

14. Maiden name Mary Hess

15. Birthplace Germany

16. (a) Informant Convent Records

(b) Address Nevada, Mo. August

17. (a) Burial (b) Date thereof Friday 20-42

(c) Place: burial or cremation St. Calvary Church

18. (a) Signature of funeral director Madeline Schinger

(b) Address Nevada, Mo

19. (a) August 22, 1942 (b) Elizabeth Brubaker

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 year 42 hour 06 minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to Aug 19, 1942 that I last saw her alive on Aug 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of l. breast with pulmonary metastases  
Due to (Type of Ca unknown to me)  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 50 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature J. W. [unclear] While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Address Nevada Date signed 8/22/42

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

108  
2

108  
2

MOTHER FATHER

1231

RECEIVED

District Health Officer No. 7,

District File Number 9-42-963

Date Filed 9-9-42

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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

*Mark Lechner*

Licensed Embalmer No. 2656

P. O. Address Nevada 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.**