

FILED DEC 18 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4627

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:
1310 West 20th. St. Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
(Specify whether
In this community 40 Years
years, months or days)

3. (a) PRINT FULL NAME

Harry A. Wertz

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Wertz 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased August 18 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 3 22
.....hr.min.

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

10. Usual occupation Retired

11. Industry or business Teamster & Contractor

MOTHER FATHER

12. Name George Wertz

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Ronald Wertz

(b) Address 1810 W. 20th St. Terrace KC. MO

17. (a) Burial (b) Date thereof Dec. 11-42
(Funeral, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery K.C.

18. (a) Signature of funeral director Harry Butler

(b) Address 22 South 18th. St. K.C.K.

19. (a) 12-12-42 (b) M. M. Crowe
(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. 1310 West 20th. St. Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th
year 1942 hour 1 minute 15A M.

21. I hereby certify that George Wertz the deceased from
19... to ... 19...

that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Right hemiplegia Duration

Due to Cerebral hemorrhage

Due to B3a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Myelogram history

Of autopsy Myelogram history 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? C-R.

While at work (Specify type of place) (e) Means of injury

23. Signature [Signature] (M.D. or other)

Address [Address] Date signed 3/2/42

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.....

Licensed Embalmer No. *3426 Missouri*

P. O. Address *Kansas City, 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.