. S. No. 2
00M—2-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20353

State File No.

FILED JUN 30 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2667

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1520 Corrington /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 54 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City, Mo. 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1520 Corrington
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Adeline M. Fehrenbach

3. (b) If veteran, name war --

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph A. Fehrenbach

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Dec. 27, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	5	16	hr. min.

9. Birthplace Pittsburg (City, town, or county) Kansas (State or foreign country) /

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Henry Wehmeyer
13. Birthplace St Louis, (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Margaret Samenfink
15. Birthplace Columbia, (City, town, or county) Illinois (State or foreign country) /

16. (a) Informant Joseph A. Fehrenbach
(b) Address 1520 Corrington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Sheil Funeral Home
(b) Address 6606 Indep. Ave. K.C.Mo.

19. (a) 6-14-43 (Date received local registrar) (b) P. E. Brown Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1943 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from Nov 20, 1939, to June 13, 1943
that I last saw her alive on June 13, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary embolism	1 hour
Due to: Auricular fibrillation	4 years
Due to: Mitral stenosis	10 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (e) Means of injury

23. Signature Graham Asher (M. D. or other) Md.
Address 1220 Prof. Bldg Date signed 6-14-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. G. M. Asher
Professional Bldg.
VI 5231

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.....

P. O. Address.....

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.