

FILED JUN 24 1943
Registration District No. 1777

Primary Registration District No. 1002

State File No. _____
Registrar's No. 2492

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since April 10th
(Specify whether years, months or days)

In this community as above

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Nebraska (b) County 25

(c) City or town Nelson,
(If outside city or town limits, write "RURAL") 1

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Irvin J. Wehrman,

3. (b) If veteran, name war no. (c) Social Security No. none

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

6. (b) Name of husband or wife Leola Wehrman, 6. (c) Age of husband or wife if alive x years

7. Birth date of deceased January 21 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	4	10	hr. _____ min.

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

10. Usual occupation Banker,

11. Industry or business x

12. Name Henry Wehrman,

13. Birthplace Germany
(City, town, or county) (State or foreign country) 4

14. Maiden name Elizabeth McFealy,

15. Birthplace Pennsylvania,
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Norris Broadus,

(b) Address Kansas City, Missouri,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-1-43
(Month) (Day) (Year)

(c) Place: burial or cremation Superior, Nebraska,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) June 1 1943 (Date received local registrar) (b) m. m. Crown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1943 hour 4:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 2 1943
to June 1 1943
that I last saw him alive on June 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarct - acute

Due to Part of shoes

Due to 137a

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

Major findings: Prostatic hypertrophy

Of operations _____

Of autopsy _____

Duration _____

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? _____

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

23. Signature Chas. J. ... (M. D. or other) _____
Address 505 ... Date signed 6-1-43

Dr. C. K. Smith

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..... *S J Allen*
Licensed Embalmer No..... *1415*
W. O. Address..... *K P MD*

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.