

FILED SEP 28 1943

Registration District No. **1002**

Primary Registration District No. **1002**

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:
908 Benton Blvd.
(If not in hospital or institution, write street number or location)

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

In this community 7 Yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Frederick Wieland

3. (b) If veteran, name war No

3. (c) Social Security No. 497-09-1949

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Helen Wieland

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Oct 11 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	11	2	_____ hr. _____ min.

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

10. Usual occupation Real Estate

11. Industry or business For Self

MOTHER FATHER

12. Name William F Wieland

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

14. Maiden name No Record

15. Birthplace NO record
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Wieland

(b) Address 908 Benton Blvd.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Sept 16-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Colmwood Cem

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address 918 Brooklyn

19. (a) 9-15-43
(Date received local registrar)

(b) J. E. Brown
(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. 908 Benton Blvd.
(If rural, give location)

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

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Crown, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above:

Immediate cause of death Arterio Sclerosis
Arterio Sclerosis, Myocardial
Arterio Sclerosis

Due to _____

Due to _____

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

Major findings of operations 93d

Of autopsy See above

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) (c) Means of injury

23. Signature J. E. Brown (Seal or other) _____
Address _____ Date signed _____

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.