

State File No. \_\_\_\_\_

NOV 1 1943 149

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 4331

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: K. C. General Hospital No. 10  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days  
(Specify whether years, months or days)

In this community 31 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5  
(If outside city or town limits, write "RURAL")

(d) Street No. 2135 Jefferson 8  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Carl Wendt

3. (b) If veteran, name war no.

3. (c) Social Security No. 496-05-7396

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th  
year 1943 hour 3 minute 40 A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Minnie Wendt

6. (c) Age of husband or wife if alive 61 1/2 years

7. Birth date of deceased April 19 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 23rd 1943 to Oct. 9th 1943  
that I last saw him alive on Oct. 9th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral pyelo-nephritis with perinephritis abscess on left

8. AGE: Years 69 Months 5 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

Due to \_\_\_\_\_

Due to \_\_\_\_\_ 33 1/2

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

10. Usual occupation Laborer

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

MOTHER FATHER {

12. Name August Wendt

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

14. Maiden name Emmeline Jonsen

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

16. (a) Informant Samuel Wendt

(b) Address 2005 De Grootway, K.C., Mo.

17. (a) Burial (b) Date there 10-12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem

18. (a) Signature of funeral director Wheeler Funeral Home

(b) Address 2332 Montauk St, K.C., Mo.

19. (a) 10-11-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy See above

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) (Means of injury)

23. Signature Avery R. Shaw (M. D. or other) \_\_\_\_\_  
Address Med. Dir. Gen'l Hosp. Date signed 10-9-43

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

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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.....

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.**