

FILED FEB 24 1944
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State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 656

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:
Menorah Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Weeks
 (Specify whether
 In this community 2 Years
 years, months or days)

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. 3938 Magee
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Patricia Ann Wempe
 3. (b) If veteran, name war No
 3. (c) Social Security No. 491-22-0384

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 8th
 year 1944 hour 12 minute 12 A. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: 11-21-23 1923
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 18 1944 to Feb 8 1944
 that I last saw him alive on Feb 8 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
20 3 0 hr. min.

Immediate cause of death
Tuberculous meningitis Duration 3 weeks
 Due to Pulmonary T.B. several yrs
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace Seneca Kansas
 (City, town, or county) (State or foreign country)
 10. Usual occupation Stenographer

11. Industry or business Price Candy Co.
 12. Name Joseph M. Wempe
 13. Birthplace Kansas
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary E. Buening
 15. Birthplace Kansas
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
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16. (a) Informant Mrs. E.F. McDonough
 (b) Address Chicago, Illinois
 17. (a) Removal (b) Date thereof 2-8-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Seneca Kansas

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 _____

18. (a) Signature of funeral director Mrs. C.L. Forster
Kansas City, Missouri
 (b) Address _____
 19. (a) 2-8-44 (b) J.E. Brown
 (Date received local registrar) (Registrar's signature)

23. Signature Lucile M. Kohler (M. D. or other) MD
 Address 630 Broadway Date signed 2/8/44

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

MOTHER FATHER

AT 2184

Miss Mary E. Blomberg

Dr. Kohn

Prof. Beldge

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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.