

S. No. 2
M-8.43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36965
4548

State File No.

Registrar's No.

FILED NOV 20 1944

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 3678 Jefferson
(d) Length of stay: In hospital or institution XX
In this community 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3678 Jefferson
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MRS. MINNIE K. WESSEL
(b) If veteran, name war XX
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 10, year 1944 hour 6: minute 45 A.M.

4. Sex Fe
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased February 26 1877

21. I hereby certify that I attended the deceased from Sept. 8 1944 to Nov. 10 1944
that I last saw her alive on Nov. 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia - Bronchial
Duration 2 days
Due to Cirrhosis of liver several years
Due to Vertebral subluxation several years

8. AGE: Years 67 Months 8 Days 14

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

9. Birthplace Cole Camp Missouri

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business Henry Balke

12. Name Henry Balke
13. Birthplace Germany

14. Maiden name Margaret Bruns
15. Birthplace Germany

16. (a) Informant Carl E. Wessel
(b) Address 4609 Ash, KOK

17. (a) Burial, cremation, or removal
(b) Date thereof 11-13-44

(c) Place: burial or cremation Maple Hill K.C.K.

18. (a) Signature of funeral director J. T. Wagner
(b) Address Kansas City, Mo.

19. (a) 11-11-44 (b) T. E. Brown

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?
(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 U. Newcomb
Address 3137 Main St. Date signed 11-10-44

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

MOTHER FATHER

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..... *Cecil R. Matthes*
Licensed Embalmer No. *3807*
P. O. Address *Kansas City Mo*

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.