S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 1 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40405
Registrar's No. 5300

Registration District No. 149 Primary Registration District No. 1002

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. MARYS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 DAYS (Specify whether years, months or days) In this community ~~each~~ lifetime

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. 3028 BALES
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country --- U

3. (a) PRINT FULL NAME MRS. EMMALINE WANSCH

3. (b) If veteran, name war — NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife GEORGE WANSCH

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased MAY (Month) 10 (Day) 1882 (Year)

8. AGE: Years 62 Months 7 Days 14 If less than one day ___ hr. ___ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

MOTHER FATHER
12. Name UNKNOWN NELSON
13. Birthplace UNKNOWN (City, town, or county) SWEDEN (State or foreign country)
14. Maiden name UNKNOWN UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) SWEDEN (State or foreign country)

16. (a) Informant MR. GEORGE WANSCH
(b) Address 3028 BALES

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 27 1944 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director D. W. Newcomer Sons
(b) Address 1401 Brush Creek Blvd

19. (a) 12-27-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 24TH year 1944 hour 9:00 minute a. M.

21. I hereby certify that I attended the deceased from December 15, 1944, to Dec. 24, 1944 that I last saw her alive on Dec. 23, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ventricular fibrillation	10 minutes
Due to: Coronary artery sclerosis	2 months
Due to: Diabetes mellitus	1 year
Other conditions (Include pregnancy within 3 months of death): Complete Heart Block	2 weeks

Major findings:
Of operations —
Of autopsy —

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

23. Signature Graham Asher (M. D. or other) M.D.
Address 1122 Prof. Bldg. Date signed 12-26-44

(Licensed Embalmer's Statement on Reverse Side)

Disinterred Body

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 H. C. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. C. 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.