

FILED MAR 3 1945

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

757

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:  
3806 Montgall  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 63 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. 3806 Montgall  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME MRS. MINNIE WIRTHMAN WEBER

(b) If veteran, name war No (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

7. Name of husband or wife Michael T. Weber 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased February 16, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 11 28  
hr. min.

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

10. Usual occupation At Home

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

12. Name John Wirthman

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

14. Maiden name Minnie Sievers

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

16. (a) Informant Michael T. Weber

(b) Address 3806 Montgall

17. (a) Burial (b) Date thereof 2-16-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Missouri

19. (a) 2-14-45 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th  
 year 1945 hour 1 minute :00 A.M.

21. I hereby certify that I attended the deceased from 1934  
 to Wato-2-14 1945  
 that I last saw h. alive on Dec - 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Leukemia  
 Due to Leukemia  
 Due to Myocardial degeneration

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

Major findings: 932  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

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 Dr. Wyatt (M.D. or other) \_\_\_\_\_  
 Address 3850 Prospect Date signed 2-14-45

Duration  
7 hr  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

C. H. Wyatt M. S.  
3850 Prospect  
Waco 6110

**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.**