

No. 2  
12-45  
17-39  
X47370

**FILED DEC 24 1946**  
Registration District No. **119**

Primary Registration District No. **1002**

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:  
**3344 PASEO 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **43 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. **3344 PASEO**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MR. FRANK ADOLPH WENZEL**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **486-05-0385**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MRS. BEULAH WENZEL** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **MAY 12 1879**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**67 6 28 27** hr. min.

9. Birthplace **LIBERTY WISCONSIN**  
(City, town, or county) (State or foreign country)

10. Usual occupation **OFFICE MANAGER & BOOKKEEPER**

11. Industry or business **MOFFETT REALTY COMPANY**

MOTHER FATHER

12. Name **JOHN WENZEL**

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

14. Maiden name **MARGARET DASH**

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

16. (a) Informant **MRS. BEULAH WENZEL**

(b) Address **3344 PASEO**

17. (a) **BURIAL** (b) Date thereof **DEC-11-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FOREST HILL CEMETERY**

(a) Signature of funeral director **D. J. Newcomer, Sons**

(b) Address **1401 BRUSH CREEK BLVD.**

(a) **12-10-46** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER** day **9** 74  
year **1946** hour **11** minute **00** A. M.

21. I hereby certify that I attended the deceased from **Dec 1, 1946**  
to **Dec 9, 1946**  
that I last saw him alive on **Dec 8, 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis** Duration **2 yrs**

Due to **Arteriosclerosis**

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none** 932

Of autopsy **none**

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? \_\_\_\_\_

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

23. Signature **M. D. [Signature]** (M. D. or other) \_\_\_\_\_

Address **1503 [Address]** Date signed **12/9/46**

1005  
2:30-5

**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 *Melvin Miller*.....

Licensed Embalmer No. *4407*.....

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.**