. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26915

Primary Registration District No. 1000

Registrar's No. 953

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3112 Penn St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 34 years
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 3112 Penn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ora Edward Wertz
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nellie Blanche Wertz
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: November (Month) 5 (Day) 1874 (Year)
8. AGE: Years 72 Months 9 Days 1 If less than one day hr. min.
9. Birthplace: Bedford (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Postal Clerk
FATHER 12. Name: Cornelius Wertz
FATHER 13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Nellie Blanche Wertz
(b) Address: St. Joseph, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Heaton - Bowman
(b) Address: St. Joseph, Mo.
19. (a) 8-11-47 (Date received local registrar) (b) H. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 6 year 1947 hour 2 minute 10 A.M.
21. I hereby certify that I attended the deceased from November 5, 1946 to August 6, 1947 that I last saw him alive on April 16, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Mycosis,	
Due to Organism, not determined	
Due to Arteriosclerosis, general	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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: Louis G. Mudroff (M.D.)
Address: 825 Charles Street St Joseph, Mo. Date signed: 8-6-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 19 1947

1947

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 Francis Wyland, Registered Apprentice No. 44, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 5804

P. O. Address 3106 10th St. St Joseph 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.