

U.S. DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **658**

**FILED FEB 20 1948**  
Registration District No. **49**

Primary Registration District No. **1002**

WRITE PLAINLY—USING 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: **5120 Garfield**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **XX** (Specify whether years, months or days)

In this community **65 years**

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. **5120 Garfield**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT **MRS. MARIE F. WETZEL**  
FULL NAME

3. (b) If veteran, name war **XX no**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **12th**  
year **1948** hour **5:** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **Oct 7<sup>th</sup> 1947** to **2/12 1948**  
that I last saw him alive on **2/10 1948**  
and that death occurred on the date and hour stated above.

4. Sex **Fe** 5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Henry Wetzel**

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

7. Birth date of deceased **December 24 1863**  
(Month) (Day) (Year)

Immediate cause of death **Carcinoma of Throat & Metastases**

Duration **4 1/2 yrs**

8. AGE:	Years	Months	Days	If less than one day
	<b>84</b>	<b>1</b>	<b>18</b>	hr. _____ min.

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

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

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

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

10. Usual occupation **At Home**

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

12. Name **Edward Kreisel**

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

14. Maiden name **Alvina Schulz**

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

PHYSICIAN

Major findings: **4/2/48**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause of which death should be charged statistically.

16. (a) Informant **Mrs. Henry C. Rick**

(b) Address **5120 Garfield**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Feb 14 - 1948**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **J. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **2-13-48** (Date received local registrar)

(b) **Alvina Holmes** (Registrar's signature)

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? \_\_\_\_\_ (Specify type of place)

23. Signature **James D. Smith** (M. D. or other)

Address **318 Prof. Bldg** Date signed **2/12/48**

Prof. 124  
V1-2780  
in news

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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 Alvin R. Haunschild

Licensed Embalmer No. 4159

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.