

FILED MAR 29 1948

State File No. _____

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 43

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town EXCELSIOR SPRINGS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
415 N. KIMBALL STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 14 MONTHS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY 24

(c) City or town EXCELSIOR SPRINGS 1
(If outside city or town limits, write "RURAL")

(d) Street No. 415 N. KIMBALL STREET 1
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WESLEY B. WERT

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. 495-03-6281

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 11
year 1948 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from 12/16/47
_____ 19____ to 3-11 1948
that I last saw him alive on 3/11 1948
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife LUCILLE WEBER WERT

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased NOVEMBER (Month) 12 (Day) 1899 (Year)

Immediate cause of death Coronary Arteriosclerosis hours

Due to Coronary Arteriosclerosis

8. AGE: Years Months Days If less than one day

48 3 29 hr. _____ min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 94A

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

10. Usual occupation FOREMAN

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business UPHOLSTERY

12. Name John Wert

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

14. Maiden name Louisa Wass

15. Birthplace New York City N. Y.
(City, town, or county) (State or foreign country)

16. (a) Informant LUCILLE W. WERT

(b) Address 415 N. KIMBALL ST. EX SPRS, MO.

17. (a) BURIAL (b) Date thereof MARCH 14 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RICHMOND, MO.

18. (a) Signature of funeral director CLAUDE PRICHARD

(b) Address EXCELSIOR SPRINGS, MO.

19. (a) 3/4/48 (b) Caroline Dulting
(Date received local registrar) (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? _____

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

23. Signature E. S. Johnson (M. D. or other) no
Address Excelsior Springs, Mo. Date signed 3/2/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-26-48

APR 10 1948
APR 19 1948
APR 26 1948

MAY 11 1948

MAY 15 1948

MAY 17 1948

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 _____

Linell R. Jarman

Registered Apprentice No. 88

working under my personal supervision.

Signed E. E. White

Licensed Embalmer No. 4168

P. O. Address Exclusion Springs, 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.