S. No. 2
M—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8964

Registrar's No. 1222

8
3
8

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
St Mary's Hospital, K. C., Mo. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month (Specify whether
In this community 1 Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Marshall 999

(c) City or town Vermillion 14
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country None

3. (a) PRINT FULL NAME ERNEST WENZL

3. (b) If veteran, name war x no

3. (c) Social Security No. x none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mary Wenzl

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

7. Birth date of deceased December (Month) 15 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	3	1	x hr. x min.

9. Birthplace Pawnee (City, town, or county) Nebraska (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business Same as above.

FATHER
12. Name J. Wenzl
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mr. Roy Wenzl
(b) Address Vermillion, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Vermillion, Kansas

18. (a) Signature of funeral director Morton-Smith's Fun.H
(b) Address 832 Armour Rd. N.K.C., Mo.

19. (a) 3-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1948 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 14, 1948, 1948, to Mar 16, 1948
that I last saw him alive on Mar 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - metastases to brain

Due to Carcinoma of rectosigmoid

Due to

Other conditions 46 D
(Include pregnancy within 3 months of death)

Major findings: Of operations Colostomy

Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature H Blanzbeel (M. D. ~~or other~~)
Address Kansas City Mo Date signed 3-17-48

(Licensed Embalmer's Statement on Reverse Side)

JS MAY 24 1960

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 Chester L. Fleming, Registered Apprentice No. # 447, working under my personal supervision.

Signed Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North 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.