

No. 2
5-43
17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1948
Registration District No. 72

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29214
Registrar's No. 99

Primary Registration District No. 3013

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town North Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Downey Box Co. 1401 Iron N. KC. 3 Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX (Specify whether
In this community 5 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4620 East 7th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXX

3. (a) PRINT FULL NAME Henry Wetzel
3. (b) If veteran, name war No.
3. (c) Social Security No. 488-14-9140

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 4th
year 1948 hour 11:30 minute 0 M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw _____ on _____, 19____;
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 Mary Berna Wetzel
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased April 2 1888
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion Duration _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
60 6 2 XX hr. XXX min.

9. Birthplace Livingston Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Downey Box Co.

12. Name William Herman Wetzel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Barbra Johnson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Berna Wetzel
(b) Address 4620 East 7th St. Kansas City
17. (a) Removal (b) Date thereof Oct. 5, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chilcothe Mo.

18. (a) Signature of funeral director Morton-Smith's F.H.
(b) Address North Kansas City Mo.
19. (a) Oct 5 - 48 (b) Beechek Kitchner
(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) Coronary Occlusion
(b) Date of occurrence Oct. 4th 1948
(c) Where did injury occur? N.K.C. Clay Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Downey Box Co. 1401 Iron Ave. Ind. Pl.
While at work yes (Specify type of place) (e) Means of injury Coronary
23. Signature P. W. Prasher (M. D. or other) 3
Address Yelder Springs Mo. Date signed 10-5-48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-13-48

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 Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.