

FILED SEP 2 1950

## REGISTRATION CERTIFICATE OF DEATH

State File No. 27168

3520

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Jackson   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Jackson |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City                                      |  |
| c. LENGTH OF STAY (In this place) Life   |  | d. STREET ADDRESS (If rural, give location) 912 Locust  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1                           |  |   |  |

|                                     |                    |               |                    |   |
|-------------------------------------|--------------------|---------------|--------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Richard | b. (Middle) C | c. (Last) Wetherla | 4. DATE OF DEATH (Month) (Day) (Year) 8 14 50 |
|-------------------------------------|--------------------|---------------|--------------------|---|

|   |   |   |                               |                                    |                        |                      |                       |                      |
|---|---|---|-------------------------------|------------------------------------|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX 0 MALE   | 6. COLOR OR RACE WHITE                            | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED | 8. DATE OF BIRTH AUG. 25-1870 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UPHOLSTERER | 10b. KIND OF BUSINESS OR INDUSTRY PRESIDENT HOTEL | 11. BIRTHPLACE (State or foreign country) KANSAS CITY, KANSAS   |                               | 12. CITIZEN OF WHAT COUNTRY? U.S.A |                        |                      |                       |                      |

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME JESS WETHERLA                                     | 13b. MOTHER'S MAIDEN NAME ELIZABETH HISER | 14. NAME OF HUSBAND OR WIFE FRANCES WETHERLA                                    |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. _____             | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRANCES WETHERLA, 912 LOCUST, K.C. MO |

|  |   |  |  |
|--|---|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic leukemia<br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><br><br><br><br><br><br><br><br>2040 |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)           | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?                      |

22. I hereby certify that I attended the deceased from July 19, 1950, to Aug. 14, 1950, that I last saw the deceased alive on Aug. 14, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

|   |                            |                          |
|---|----------------------------|--------------------------|
| 23a. SIGNATURE B.I. Burns (Degree or title) | 23b. ADDRESS 24th & Cherry | 23c. DATE SIGNED 8-15-50 |
|---|----------------------------|--------------------------|

|   |                       |  |   |
|---|-----------------------|--|---|
| 24a. BURIAL CREMATION REMOVED (Specify) | 24b. DATE AUG-17-1950 | 24c. NAME OF CEMETERY OR CREMATORY MOUNT CALVARY | 24d. LOCATION (City, town, or county) (State) KANSAS CITY, KANSAS |
|---|-----------------------|--|---|

|                                  |  |   |
|----------------------------------|--|---|
| DATE REC'D BY LOCAL REG. 8-16-50 | REGISTRAR'S SIGNATURE Geraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Newcomer, Adm. K.C. Mo |
|----------------------------------|--|---|

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. R. Russell*

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Robert Ray*

Signed.....

Student Embalmer

Licensed Embalmer No. *4182*

P. O. Address *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.