

FILED OCT 7 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30716

3999

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>30 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>3758 Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>August</u>	b. (Middle)	c. (Last) <u>Weseloh</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>8 29 50</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-23-1877</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>Pensioner</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Blue Island, Illinois</u>	12. CITIZENSHIP (What country?) <u>U.S.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Weseloh</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Record Clerk: K.C. Gen. Hosp. #</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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 _____
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22. I hereby certify that I attended the deceased from Aug. 9, 1950, to Aug. 29, 1950, that I last saw the deceased alive on Aug. 29, 1950, and that death occurred at 5:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. W. Burns</u> (Degree or title)	23b. ADDRESS <u>24th & Cherry</u>	23c. DATE SIGNED <u>8-30-50</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) _____	24b. DATE <u>9-23-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>K.C. Col. of Gt. St. Kansas City, Mo.</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>9-21-50</u>	REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>D. E. Weseloh</u>	ADDRESS <u>K.C. 8, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Chubbard
Palmer, Pa.

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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed..... *B. E. Willett*

Licensed Embalmer No. *4075*

P. O. Address *R.C. 8, 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.