

FILED JAN 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5709

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 54 yrs.		d. STREET ADDRESS (If rural, give location) 6412 East 35th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6412 East 35th Street			

3. NAME OF DECEASED (Type or Print) Harry		a. (First) L.		b. (Middle) WAGENSELLER		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-3-70		9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Paymaster		10b. KIND OF BUSINESS OR INDUSTRY Public Service		11. BIRTHPLACE (State or foreign country) Kansas City, Kansas			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Theo. L. Wagenseller		13b. MOTHER'S MAIDEN NAME Emily Lander		14. NAME OF HUSBAND OR WIFE Leonora Wagenseller	
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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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Leonora Wagenseller, 6412 E. 35th, KC, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Prostate			INTERVAL BETWEEN ONSET AND DEATH 2 years
		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.			177x

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **Oct 1, 1949**, to **Dec 30, 1951**, that I last saw the deceased alive on **Dec 30, 1951**, and that death occurred at **4 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE John K. Caldwell		(Degree or title)		23b. ADDRESS 306 E 12 St. Kansas City, Mo.		23c. DATE SIGNED 12/31/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-2-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 12-31-51		REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eyler, Kansas City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. J. K. Caldwell.
Angelo Bldg.
Ha. 1454

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 _____

Signed:

Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.