

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29869

State File No. _____

3887

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 town) Kansas City		c. LENGTH OF STAY (in this place township) 43 Yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 10 Westport Road				STREET ADDRESS (If rural, give location) 10 Westport Road 36880				
3. NAME OF DECEASED (Type or Print) a. (First) ERNST		b. (Middle)		c. (Last) WETTEROTH		4. DATE OF DEATH (Month) (Day) (Year) Sept. 3, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 3, 1876		
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jeweler			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME August Wetteroth			13b. MOTHER'S MAIDEN NAME Elizabeth Rupe			14. NAME OF HUSBAND OR WIFE Ruth Wetteroth		
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 Mrs. Ruth Wetteroth Kansas City, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis and Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous cerebral hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 18 months 15 years 331 X 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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)		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 <u>6/9</u> , 19 <u>53</u> to <u>9/3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9/13</u> , 19 <u>55</u> , and that death occurred at <u>11:15 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE R. H. BECKER (Degree or title) MD				23b. ADDRESS 4000 Baltimore Kansas City, Mo		23c. DATE SIGNED 9/5/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-6-55		24c. NAME OF CEMETERY OR CREMATORY Bellemont		24d. LOCATION (City, town, or county) (State) Wathena, Kansas		
DATE REC'D BY LOCAL REG. 9-5-55		REGISTRAR'S SIGNATURE Neve Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary		ADDRESS Kansas City, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

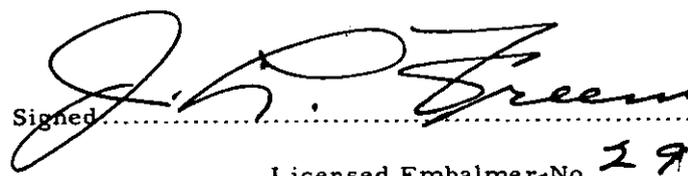
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

The. 18.000
4000 B. O. O. O.
1937.11.17.

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 29
P. O. Address F. C. O. O.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.