FILED JUN 17 1940

No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17357

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1884

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 16 days
In this community: Over 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 3800 Walnut
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Over 50 years years.

3. (a) PRINT FULL NAME: FRANK X. WACHTER 236

3. (b) If veteran, name war: No
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Ernestine J. Wachter
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: Feb. (Month) 8 (Day) 1874 (Year)

8. AGE: Years 66 Months 2 Days 25 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Restaurateur 6
11. Industry or business: 9
12. FATHER Name: No Record
13. FATHER Birthplace: " " (City, town, or county) 9 (State or foreign country)
14. MOTHER Maiden name: No Record
15. MOTHER Birthplace: " " (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Ernestine J. Wachter
(b) Address: 3800 Walnut Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 6, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.
19. (a) May 5, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1940 hour 3:00 minute P.M.

21. I hereby certify that I attended the deceased from Feb 27 2-27—, 1940, to May 3, 1940; that I last saw him alive on May 3, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Right Ventricular Heart failure	6 days
Due Chronic myocarditis	months
Due Auricular fibrillation	months
Due Chronic Hypertension	years
Due Cerebral Embolus	6 days
Due Generalized Arteriosclerosis	years

Other conditions (Include pregnancy within 3 months of death): 93c

Major findings: Of operations: no operation.
Of autopsy: confirmed the above diagnoses.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(b) Date of occurrence: none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? none (e) Means of injury: none

23. Signature: J. Harvey Jennett (M. D. ~~or other~~)
Address: 1318 Bryant Bldg. Kansas City, Mo. Date signed 5-4-40

(Licensed Embalmer's Statement on Reverse Side)

Bryant Bldg.
12:30 P.M.

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 Cecil R Matthes

Licensed Embalmer No. 3807

P. O. Address 15 C 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, above space should be left blank.