

MAILED JUNE 17 1940
398

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 138

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 706 S Fuller 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 706 South Fuller
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1940 hour 8 minute P.M.
21. I hereby certify that I attended the deceased from Dec
1937, to May 9, 1940
that I last saw him alive on May 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Sepsis
Due to Chronic Cystitis 51 2 yrs
Due to Cancer of bladder 3 yrs

Duration	Physician
<u>30 days</u>	_____
<u>2 yrs</u>	_____
<u>3 yrs</u>	_____

Other conditions (include pregnancy within 3 months of death) _____
Major findings: May 1928 - operation
+ Radiation treatment for cancer
Of autopsy none
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME John M. Wellbrock 416

3. (b) If veteran, name war No 3. (c) Social Security No. 200

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Annie Mary Wellbrock 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May 30 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 42 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace New York City (City, town, or county) (State or foreign country) 1

10. Usual occupation Abstractor

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Wellbrock
13. Birthplace East Kansas (City, town, or county) (State or foreign country) 9
14. Maiden name Eugenia
15. Birthplace East Kansas (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Annie M. Wellbrock

(b) Address 706 S Fuller

17. (a) Woodlawn (b) Date thereof May 11 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Sep M

18. (a) Signature of funeral director Ott Mitchell 560

(b) Address 310 N. Main St

19. (a) May 11 - 40 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓
While at work? ✓ (Specify type of place) (e) Means of injury _____

23. Signature J. B. Hecker (M. D. or other) 1
Address Independence Mo Date signed May 11 - 40

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.....

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, above space should be left blank.