No. 2
1-10-39
17-39
X21

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. 31742

FILED OCT 12 1940

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 148

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 mos. 10 days (Specify whether years, months or days)
In this community: 3 mos. 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City 0
(If outside city or town limits write "RURAL")

(d) Street No.: 3337 Wyandotte
(If rural, give location)

(e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME: Frank A. Wenda

3. (b) If veteran, name war: Spanish American

3. (c) Social Security No.: Yes-not ~~remembered~~

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Gertrude

6. (c) Age of husband or wife if alive: unknown years

7. Birth date of deceased: June 3, 1879 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	3	16	hr. min.

9. Birthplace: St. Joseph, Mo. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: R.R. Fireman 6

11. Industry or business: Railroad 0

FATHER
12. Name: Joseph Wenda
13. Birthplace: - (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Lena Bender
15. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Hospital Records
(b) Address:

17. (a) Kansas City, Mo. (Burial, cremation, or removal) (b) Date thereof: 9-19-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Kansas City, Mo.

18. (a) Signature of funeral director: Quirk & Tobin, Undertakers
(b) Address: Kansas City, Missouri

19. (a) Sept 19-40 (Date received local registrar) (b) Mrs Rea McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 19th year: 1940 hour: 12:55 minute: P. M.

21. I hereby certify that I attended the deceased from June 9, 1940, to Sept. 19, 1940, that I last saw him alive on Sept. 19, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Disease of the heart — Duration
Aortic Insufficiency
Due to: Cardiac enlargement
Due to: Myocardial fibrosis and Myocardial insufficiency

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

Major findings:
Of operations: None
Of autopsy: As shown above

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): ---
(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: W. A. Gerrian, M.D. (M. D. or other)
Address: Veterans Administration Facility Excelsior Springs, Mo. Date signed: 9-19-40

(Licensed Embalmer's Statement on Reverse Side)

JUL 23 1947

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.