

No. 2  
1-10-39  
17-3  
x

Registration District No. **358** **FILED** JAN 25 1940 **3019 51-5-4** Registrar's No. **319**

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

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 42nd. & Blue Ridge Cut Off. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 68 Yrs. years, months or days

**3. (a) PRINT FULL NAME** John J. WENZEL.

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

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

6. (b) Name of husband or wife Elizabeth Wenzel 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November 26th, 1872 (Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day

68 0 23 hr. min.

9. Birthplace Kansas City Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Truck Gardner.

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Joseph Wenzel

13. Birthplace Austria Hungary (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Lowell

15. Birthplace Austra Hungray (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Wenzel

(b) Address 42 & Blue Ridge Cut Off.

17. (a) Burial (b) Date thereof 12/21/40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Melody-McGilley.

(b) Address K. C. Mo.

19. (a) 12-20-40 (b) H. L. Cook (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. 42nd & Blue Ridge Cut Off (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 19th year 1940 hour 7:30 minute P.M. M.

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

Immediate cause of death Heart Disease - Cholesterol Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

360 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Ralph Perry MD (M. D. or other) \_\_\_\_\_

Address 4800 E 24 Date signed 12-20-40

*Dr. Robert Perry*  
*11800 C 24*

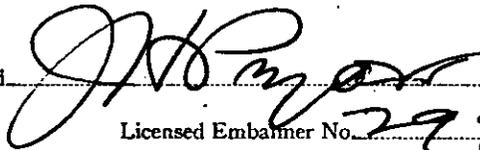
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**STATEMENT BY LICENSED EMBALMER**

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. 267  
working under my personal supervision.

Signed



.....  
Licensed Emballer No. 2999

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.**