

No. 2  
-1-4-41  
-17-39  
X2839

**FILED AUG 16 1941 399**  
Registration District No.

Primary Registration District No. **1002**

**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:  
**Dr. Lane 622 Benton**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
 In this community **54 years /** (Specify whether  
 yrs, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson** **049**  
 (c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL") **2**  
 (d) Street No. **1843 Kansas Avenue**  
(If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country **0**

**3. (a) PRINT FULL NAME Mrs. Louise Wahrenbrock**

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

**4. Sex Female** **5. Color or race white** **6. (a) Single, widowed, married, divorced, widowed**

**6. (b) Name of husband or wife. Gustaf Wahrenbrock** **6. (c) Age of husband or wife if alive years**

**7. Birth date of deceased. July 1, 1860**  
(Month) (Day) (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day
	81	0	29	hr. min.

**9. Birthplace. Germany 4**  
(City, town, or county) (State or foreign country)

**10. Usual occupation. At home**

**11. Industry or business.**

**12. Name. Don't know**

**13. Birthplace. Germany 4**  
(State or foreign country)

**14. Maiden name. Don't know**

**15. Birthplace. Germany 4**  
(City, town, or county) (State or foreign country)

**16. (a) Informant. C. A. Munz**

**(b) Address. 5023 Paseo**

**17. (a) Burial** **(b) Date thereof. 8-1-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation. Memorial Park Cem**

**18. (a) Signature of funeral director. Freeman Mortuary**

**(b) Address. 104 West 42nd Street**

**19. (a) 7-30-41** **(b) M. M. Brown**  
(Date received local registrar) (Registrar's signature)

**361** (Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **July** day **30**  
year **1941** hour **1:00** minute **A.M.**

**21. I hereby certify that I attended the deceased from June 28, 1941, to July 30, 1941, that I last saw her alive on June 29, 1941, and that death occurred on the date and hour stated above.**

Immediate cause of death **mythral regurgitation**

Due to **Senility**

Due to **Senility**

Other conditions **grippe**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **grippe**  
Of autopsy **no**

**Duration**  
**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? \_\_\_\_\_**

**White at work? \_\_\_\_\_** **(e) Means of injury. \_\_\_\_\_**

**23. Signature. Dr. J. D. Ramsey (M. D. or other) \_\_\_\_\_**

**Address. 900 W. Benton St. Date signed. 7-30-41**

**Phu Ch 5391**

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

MOTHER FATHER

10:45 AM 12:00  
1:30 PM 3:30  
900 Benton

**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 Clarence Dr. Childs

Licensed Embalmer No. 3473

P. O. Address 115 270

**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, fact should be so stated above.**