

FILED SEP 12 1941  
Registration District No. \_\_\_\_\_

Primary Registration District No. 102

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: 3429 Benton Blvd  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 15 years! (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 047

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

(d) Street No. 3429 Benton Blvd  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MORRIS WEDELES

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 year 1941 hour 11 minute P. P.M.

21. I hereby certify that I attended the deceased from Aug 1 1941, to Aug 12 1941, that I last saw him alive on Aug 12 1941 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Antoniow

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: June 9 1869  
(Month) (Day) (Year)

Immediate cause of death: Bronchopneumonia Duration 3 days

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

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

8. AGE: Years 72 Months 2 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Austria  
(City, town, or county) (State or foreign country)

10. Usual occupation: Tobacco Merchant

Other conditions: Cerebral Arteriosclerosis Years  
(Include pregnancy within a month of death)

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

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

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

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

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

MOTHER FATHER { 12. Name Wolfgang Wedeles

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

14. Maiden name Suzanna Zach

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

16. (a) Informant Sarah Hebbman

(b) Address 3429 Benton Blvd

17. (a) Removal (b) Date thereof 11/3/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Hill

18. (a) Signature of funeral director: Carroll Vandenberg

(b) Address 3044 7th Ave

19. (a) 8/13/41 (b) M. M. Brown  
(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. W. W. W. (M. D. or other) M.D.

Address Kansas City, Mo. Date signed 8-13-41

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

48  
2630

**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 *Julian K. Davidson*

Licensed Embalmer No. *1168*

P. O. Address. *3024 Trent*

**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.**