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K26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33905**  
**3844**  
Registrar's No. \_\_\_\_\_

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas Ave**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Lakeside Hosp.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 days** (Specify whether  
In this community **25 years** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Jackson**  
(c) City or town **K.C.** (If outside city or town limits, write "RURAL")  
(d) Street No. **3220 Harrison** (If rural, give location)  
(e) Citizen of foreign country? **—** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Harry A. Wandenburg**  
3. (b) If veteran, name war **—** 3. (c) Social Security No. **708-10-2266**

20. DATE OF DEATH: Month **October** day **10**  
year **1941** hour **12:45** minute **—** A.M.

MEDICAL CERTIFICATION

4. Sex **male** 5. Color or race **wh** 6. (a) Single, widowed, married **single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased **Sept 18, 1882**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **10/8**, 19**41**, to **10/10**, 19**41**,  
that I last saw him alive on **10/10**, 19**41**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemic shock** Duration  
**ruptured & generalized peritonitis** **14 hrs**

8. AGE: Years **59** Months **0** Days **22** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to **Septicemic shock** **12:45** **48 hrs**  
Due to \_\_\_\_\_

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

10. Usual occupation **Railroad Clerk**

11. Industry or business **Great Western Railroad**

12. Name **William Wandenburg**

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

14. Maiden name **Gilda Karger**

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

16. (a) Informant **Mr. Grace E. Clegg**

(b) Address **74-C. Elmwood Street, Gaura**

17. (a) **removed** (b) Date thereof **10-14-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **William W. Crow**

18. (a) Signature of funeral director **J. S. Matton**

(b) Address **Kansas Ave**  
19. (a) **10/14/41** (b) **M. W. Crow**  
(Date received local registrar) (Registrar's signature)

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

Major findings: **ruptured & generalized peritonitis**  
Of operations **ruptured & generalized peritonitis**  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature **J. S. Matton** (M. D. or other) \_\_\_\_\_  
Address **3034 Harrison** Date signed **10/14/41**

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

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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.....  
working under my personal supervision.

Signed..... *F. S. Walters* .....

Licensed Embalmer No. *2744* .....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**