

S. No. 2
4-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23660

State File No.

FILED AUG 1 1942
399

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2776

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether
 In this community 38 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3834 E. 15th St.
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME George Wasmer

3. (b) If veteran, name war no
 3. (c) Social Security No. 495-09-9201

4. Sex male 5. Color or race wh
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Nellie Louise Wasmer
 6. (c) Age of husband or wife if 29 years
 7. Birth date of deceased 5-19-04
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 2 11 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER
 12. Name Delbert Louis Wasmer
 13. Birthplace Safford Co. Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Ellen Fitzhugh
 15. Birthplace Stichfield Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nellie Wasmer
 (b) Address 3834 E 15th St

17. (a) Burial (b) Date thereof 7-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St Marys Cem

18. (a) Signature of funeral director John A Shaw
 (b) Address K C Gen Hospital

19. (a) 7-20-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th
 year 1942 hour 5:00 A.M. minute M.

21. I hereby certify that I attended the deceased from 7-14-42, 19....., to 7-19-42, 19.....;
 that I last saw him alive on 7-19-42, 19.....;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Perihepatic liver with ascites; Chronic peritoneal adhesions; bilateral adhesive pleurisy
 Due to pleurisy
 Due to 1258
 Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy See above

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)
 Means of injury 0

23. Signature Dr. R. L. Thorne (M. D. or other)
 Address Med. Dir. K. C. Gen. Hospital, K. C. Mo. Date signed.....

561

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 2 3 1949

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 John P. Sheet
..... Licensed Embalmer No. 3625
..... 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, fact should be so stated above.