

**FILED OCT 5 1942**

Registration District No. **749** 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: **Research Hospital D**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6**  
(Specify whether dead on arrival)

In this community **dead on arrival**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette 54**

(c) City or town **Higginsville 2**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Higginsville**  
(If rural, give location)

(e) Citizen of foreign country? **1**  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Fritz W. Wentland**

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

4. Sex **Male O** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

(b) Name of husband or wife **Minnie WENTLAND** (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **Nov. 20 1872**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **9** Days **28** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Miner and Farmer**

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

MOTHER FATHER { 12. Name **August Wentland**

13. Birthplace **Germany 11**  
(City, town, or county) (State or foreign country)

14. Maiden name **Christina Achenburg**

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

16. (a) Informant **Walter Maulle**

(b) Address **Higginsville, Missouri**

17. (a) Removal **Removal** (b) Date thereof **9/20/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Higginsville, Mo.**

18. (a) Signature of funeral director **James Funeral Home**

(b) Address **Concordia, Missouri**

19. (a) **9/20/42** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **18**  
year **1942** hour **9:15** minute **P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him **Carson**, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Crushing injury of chest, left hemithorax, fracture of 12th dorsal vertebra**

Duration \_\_\_\_\_

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

Due to **174-6**

Other conditions **11**  
(Include pregnancy within 3 months of death)

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

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

Of autopsy **see above**

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) **accident X 054**

(b) Date of occurrence **9/18/42**

(c) Where did injury occur? **Higginsville, Mo Lafayette, Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?  
**State mine in Higginsville, Missouri**  
(Specify type of place)

While at work **Crushed by falling debris**

(e) Means of injury \_\_\_\_\_

23. Signature **W. C. Mo** (M. D. or other) **3**

Address **P.C. Mo.** Date signed **9/19/42**

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

MAR 1 1961

**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.....

*Harlyn Roe*....., Registered Apprentice No.....

working under my personal supervision.

Signed.....  
*Harlyn Roe*

Licensed Embalmer No..... *2810*

P. O. Address..... *W. E. Co.*

**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.**