

FILED JUN 8 1943

Primary Registration District No. **1000**

Registrar's No. **577**

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

1. PLACE OF DEATH:

(a) County **BUCHANAN**  
(b) City or town **ST. JOSEPH MO.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**ST. JOSEPH HOSPITAL** **0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **20 HOURS**  
(Specify whether years, months or days) **TWENTY HOURS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **KANSAS** (b) County **ATCHISON 999**  
(c) City or town **ATCHISON, RURAL**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.F.D. 4** **14**  
(If rural, give location) **0**  
(e) Citizen of foreign country? **---** (Yes or No)  
If yes, name country **2**

3. (a) PRINT FULL NAME **GEORGE WILLIAM WOHLTZ**

3. (b) If veteran, name war **NO.** 3. (c) Social Security No. **NO.**

4. Sex **MALE 0** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife **NONE** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **APRIL 28, 1943**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**0** **1** **0** \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **ATCHISON KANSAS 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

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

MOTHER { 12. Name **LAWRENCE WOHLTZ**  
13. Birthplace **ATCHISON KANSAS 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **ROSE A THORN**  
15. Birthplace **ATCHISON KANSAS 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Laura Wohltz**

(b) Address **ATCHISON KANSAS R.F.D. 4**

17. (a) **BURIAL** (b) Date thereof **MAY 28/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST. LOUISE CEMETERY**

18. (a) Signature of funeral director **Wm. S. ...**

(b) Address **ATCHISON, KANS.**

19. (a) **5-28-43** (b) **Rose Wohltz**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **27**  
year \_\_\_\_\_ hour **11 AM** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **May 26**  
\_\_\_\_\_ 19**43** **May 27** 19**43**  
that I last saw him alive on **May 27** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Pneumonia**  
**acute bilob. broncho,**  
Due to **P.M.O.**

Other conditions (Include pregnancy within 3 months of death) **107**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature **H. E. Petersen** (M. D. or other)  
Address **706 Francis** Date signed **5-27-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 Wm. Stanton Jr.

Licensed Embalmer No. 3778

P. O. Address Albion, Mo.

**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.**