S. No. 2
M—2-43
5-17-3
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31043

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3876

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: 3208 Olive / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 50 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kan City (If outside city or town limits, write "RURAL") 5 8

(d) Street No. 3208 Olive (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Emma Wirthman

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fe

5. Color or race W

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

6. (b) Name of husband or wife Peter

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Aug 29th 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	0	6	hr. min.

9. Birthplace Kansas (City, town, or county) 1 (State or foreign country)

10. Usual occupation House wife

11. Industry or business same

FATHER
12. Name Andrew Anderson
13. Birthplace Sweden (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Mathilda Johnson
15. Birthplace Sweden (City, town, or county) 4 (State or foreign country)

16. (a) Informant P. J. Wirthman

(b) Address 3208 Olive

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof Sept 8/43 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director Snow-Mayberry

(b) Address 2315 Linwood

19. (a) 9-8-43 (Date received local registrar) (b) P. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Deputy, to Coroner, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemopericardium	
Due to Ruptured aorta	
Due to	
Other conditions (Include pregnancy within 3 months of death) 90%	

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)

(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 A. E. Ussher (M. D. or other) M.D.

Address 23 McCoy Date signed 9/6/43

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(Licensed Embalmer's Statement on Reverse Side)

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 Roy E. Snow

Licensed Embalmer No. 2566

P. O. Address Lin & Olive

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.