

**FILED SEP 28 1943**

Registration District No. **49**

Primary Registration District No. **1002**

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

**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:  
5042 South Benton  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution --- (Specify whether  
 In this community 47 Years years, months or days)

**3. (a) PRINT FULL NAME** Mrs. Louisa Marie Woerner  
**3. (b) If veteran, name war** No **3. (c) Social Security** No None

**4. Sex** Female **5. Color or race** White  
**6. (a) Single, widowed, married, divorced, widowed** Divorced Widowed  
**6. (b) Name of husband** Mr. Eugene J. Woerner **6. (c) Age of husband or wife if alive** --- years

**7. Birth date of deceased** September 24 1856  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	11	20	hr. min.

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

**10. Usual occupation** At Home

**11. Industry or business** ---

**MOTHER FATHER** {  
**12. Name** Unknown Hemsath  
**13. Birthplace** Unknown Germany  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Unknown  
**15. Birthplace** Unknown Germany  
(City, town, or county) (State or foreign country)

**16. (a) Informant** O. H. Bushland (husband)  
**(b) Address** 3015 East 34th

**17. (a) Burial** Memorial Park Cemetery  
(Burial, cremation, or removal) **(b) Date thereof** Sept. 16, 1943  
(Month) (Day) (Year)

**18. (a) Signature of funeral director** O. H. Bushland  
**(b) Address** 1401 Brush Creek Blvd.

**19. (a)** 9-15-43 **(b)** J. E. Brown  
(Date received local registrar) (Registrar's signature)

**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. 5042 South Benton  
(If rural, give location)  
 (e) Citizen of foreign country? Yes (Yes or No)  
 If yes, name country Germany

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month September day 14th  
 year 1943 hour --- minute A.M.  
**21. I hereby certify that I attended the deceased from** 9-13-43  
 19 13 to 9-14 19 43  
 that I last saw h. Ex alive on 9-13- 19 43  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Arterio sclerosis  
 Due to Senility  
 Other conditions (include pregnancy within 3 months of death)  
97

**PHYSICIAN**  
 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) (e) Means of injury  
**23. Signature** J. E. Brown (M. D. or other)  
 Address 1102 E 47th Date signed 9-14-43

2nd Floor Street Centre Bldg  
4-5

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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..... *A. C. Newcomer Jr* .....

Licensed Embalmer No..... *4043* .....

P. O. Address..... *A. C. Newcomer* .....

**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.**