

No. 2
4-5-43
5-17-39
1 X36671

State File No. _____

FILED FEB 11 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 554

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 42 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1310 Admiral 8
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Herbert, ^{ED} Werner

3. (b) If veteran, name war No 3. (c) Social Security No. 495-076864

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife MRS. GLADYS WERNER 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased NOVEMBER 4 - 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 2 26 hr. min.

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

10. Usual occupation DELIVERYMAN

11. Industry or business EMERY BIRD THAYER

12. Name HENRY WERNER

13. Birthplace EDWARDSVILLE ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name MINNIE LUSHER

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MR STANLEY WERNER

(b) Address 516 WEST 39TH STREET TERRACE

17. (a) BURIAL (b) Date thereof FEB 4 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director D. H. Newcomer, Solo

(b) Address 1401 BRUSH GREEN BLDG.

19. (a) 2-2-46 (b) Gertrude Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1946 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan. 29 1946 to Jan. 30 1946
that I last saw him alive on Jan. 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death. Acute lobar pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

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) (e) Means of injury 0

23. Signature Clark W. Seelbach M.D. of other 1-31-46
Address Med. Dir. Gen'l Hosp. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

H. C. Newcomer Jr.

Licensed Embalmer No.

40431

P. O. Address

H. C. Newcomer Jr.

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.