

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1892

FILED JAN 31 1946
Registration District No. 129

Primary Registration District No. 1002

State File No. _____
Registrar's No. 152

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Irb.
(c) Name of hospital or institution Memorial Hosp.
(d) Length of stay: In hospital or institution 5 days
In this community 8 Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Irb.
(d) Street No. 1219 E 36th
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME SETTCHEN, WOHLBEMUTH
3. (b) If veteran, name war V no
3. (c) Social Security No. none

4. Sex F I 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Isaac Wohlbeuth
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Apr 25 1869

8. AGE: Years 76 Months 8 Days 14
If less than one day hr. min.

9. Birthplace Germany

10. Usual occupation Homemaker

MOTHER FATHER

11. Industry or business
12. Name A. Gotschall
13. Birthplace Germany
14. Maiden name Paul Knorr
15. Birthplace Germany

16. (a) Informant Helix Harwitz
(b) Address 1219 E 36th

17. (a) Burial (b) Date thereof 1/13/46
(c) Place: burial or cremation Rose Hill Cem.

18. (a) Signature of funeral director Carroll Davidson
(b) Address 3024 Troost

19. (a) 1-10-46 (b) Geraldine Holmes

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 9th
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from June, 1945
to January 9, 1946
that I last saw her alive on January 9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Ca. of breast

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50

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?
(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 W.R. Williams M.D.
Address 1310 Bryant Bldg. Date signed 1-10-46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
1337

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..... *Kathryn E Davidson*
Licensed Embalmer No. *3648*
P. O. Address..... *Kansas City, 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.