

S. No. 2  
M-5-43  
r. 5-17-39  
b I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9429**  
Registrar's No. **1440**

**FILED** APR 10 1946  
Registration District No. **149**

Primary Registration District No. **1002**

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: **2022 Benton /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **XX** (Specify whether)  
In this community **60 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. **2022 Benton 5**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **MRS. DENA GUECK**  
(b) If veteran, name war **XX**  
(c) Social Security No. **None**

4. Sex **Fe** / 5. Color or race **Wh**  
6. (a) Single, widowed, married, divorced **Widowed**  
(b) Name of husband or wife **August Gueck**  
(c) Age of husband or wife if alive **XX** years  
7. Birth date of deceased **December 16 1863**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>82</b>	<b>3</b>	<b>6</b>	hr. min.

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

10. Usual occupation **At Home**

11. Industry or business  
12. Name **Adam Wettig**  
13. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Beva Borngusser**  
15. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Geo. Wettig**  
(b) Address **2022 Benton**

17. (a) **Burial** (b) Date thereof **Mar 25-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **J. Wagner**  
(b) Address **Kansas City, Mo.**

19. (a) **3-26-46** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Mar.** day **22d**  
year **1946** hour **4:** minute **15** P.M.  
21. I hereby certify that I attended the deceased from **DEC 14**  
**1945** to **MAR 22 1946**  
that I last saw her alive on **Mar 22 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Ventricular Fibrillation**  
Due to **Chronic Myocarditis** 10 yr  
Due to  
Other conditions **none**  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: **no**  
Of operations **no**  
Of autopsy **no**  
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?

While at work? (Specify type of place) (c) Manner of injury  
23. Signature **[Signature]** (M.D.)  
Address **800 Prof Bldg Mar 25-46**

(Licensed Embalmer's Statement on Reverse Side)

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

8355

1-207-13224  
Mar-11-97

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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 Cecil R. Matthes

Licensed Embalmer No. 3807

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.