

FILED MAR 27 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: Trinity Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 hr (Specify whether  
In this community 1 hr 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. 3109 Washington 8  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day first  
year 1946 hour 8 minute 30 a.m.  
21. I hereby certify that I attended the deceased from 3-1 1946 to 3-1 1946  
that I last saw him alive on 3-1 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature about 5 months  
Duration \_\_\_\_\_

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 1 1946  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 1 hr. \_\_\_\_\_ min.

9. Birthplace Kansas City Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation new born

11. Industry or business \_\_\_\_\_

12. Name X 9

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Genevive Wehmeyer

15. Birthplace Creighton Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mother

(b) Address 3109 Washington, KC, Mo

17. (a) \_\_\_\_\_ (b) Date thereof 3-14-46  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation No Funeral Director

18. (a) Signature of funeral director Not disposed

(b) Address of by Hospital

19. (a) 3-14-46 (b) Genevive Wehmeyer  
(Date received local registry) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 159  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature J. J. Hamann (M. D. or other)  
Address 730 1/2 Poplars Date signed 3/1/46  
KC Mo.

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

8680

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**