

S. No. 2
M-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29652

FILED OCT 7 1946
Registration District No. 42

Primary Registration District No. 1000

State File No. _____

Registrar's No. 1111

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Marshall 999
(c) City or town Marysville
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Arnold Wassenberg

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased September 29, 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>11</u>	<u>24</u>	hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Bottler & Distrib.

11. Industry or business PepsiCola

12. Name August Wassenberg

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Busse

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant John Wassenberg

(b) Address Marysville, Kans.

17. (a) Removal (b) Date thereof 9-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marysville, Kans

18. (a) Signature of funeral director Fleeman & Son, Inc.
(b) Address St Joseph, Mo.

19. (a) Oct. 2, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 23 day
year 1946 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 9 1946 to Sept 23 1946
that I last saw him alive on 9-23- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Glomerular Nephritis, Chr.
Duration ?

Due to _____

Due to _____

Other conditions Diabetes Mellitus 1937
(Include pregnancy within 3 months of death)

Major findings: Cholecystitis, Chr. 2
Pericholecystitis, Chr. 2
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 [Signature] (M. D. or other)
Address 706 Francis Date signed 9-27

54 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, MO.

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

1000000000

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.....

Robert H. Gable

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.