

S. No. 2  
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5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33850**  
Registrar's No. **4506**

FILED NOV 6 1946  
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
(a) County **JACKSON**  
(b) City or town **KANSAS CITY**  
(c) Name of hospital or institution:  
**3134 OLIVE STREET**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **15 years**  
years, months or days

3. (a) PRINT FULL NAME **CLAUDE W. WENSELL**  
3. (b) If veteran, name war **NO**  
3. (c) Social Security No. **486-05-6287**

4. Sex **MALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **MRS. VERA WENSELL**  
6. (c) Age of husband or wife if alive **51** years  
7. Birth date of deceased **FEBRUARY 8 1881**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**65** **8** **17** hr. min.

9. Birthplace **LAMONTE MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FLOORMAN**

11. Industry or business **H. E. POINDEXTER & SON MCHD. COMPANY**

MOTHER FATHER

12. Name **Aaron WENSELL**  
13. Birthplace **Virginia**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Amanda Reid**  
15. Birthplace **Virginia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Vera Wensell**  
(b) Address **3134 Olive**

17. (a) **burial** (b) Date thereof **10-27-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Sunset Cem. WARRENSBURG, MISSOURI**

18. (a) Signature of funeral director **D. H. Newcomer's Sons**  
(b) Address **1401 BAUSH CREEK BLYD.**

19. (a) **10-26-46** (b) **Sheraldine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **JACKSON**  
(c) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3134 OLIVE STREET**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **25<sup>TH</sup>**  
year **1946** hour **2** minute **35 A.** M.  
21. I hereby certify that I attended the deceased from **Aug 15**  
19 **46** to **Oct 25** 19 **46**  
that I last saw **him** alive on **Oct 25** 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Ca of Colon**  
Duration **3 months**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **4/0**  
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)  
(c) Means of injury \_\_\_\_\_  
23. Signature **Leo M. Muller** (M. D. or other)  
Address **3548 Indiana** Date signed **Oct 26 46**

3578  
2-5  
Embalmer License

**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 Carl Papp  
Licensed Embalmer No. 03458  
P. O. Address K.C. 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.**