

No. 2
12-45
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40905**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **5150**

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 **Research Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 mo 10 days**
(Specify whether years, months or days)

In this community **8 months**
(years, months or days)

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. **4034 Charlotte**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Mrs Gertrude Wegener**

3. (b) If veteran, name war **x + no.**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **6**
year **1946** hour **6:30** minute **a** M.

4. Sex **fe**

5. Color or race **wh**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **August F Wegener**

6. (c) Age of husband or wife if alive **x x** years

7. Birth date of deceased **Oct 21 1883**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1 Oct 27 1946 to Dec 6 1946**

that I last saw her alive on **Dec 5 1946**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
63	1	15	hr. min.

Immediate cause of death **probable pleural carcinoma**

Duration **3 mo**

9. Birthplace **Napoleon Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

Due to _____

Due to _____

Other conditions **472**
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name **Wm F Meyer**

13. Birthplace **Lexington Mo**
(City, town, or county) (State or foreign country)

Maiden name **Hannah Eklers**

14. Birthplace **Lexington Mo**
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

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

15. Informant **Stirling Wegener**

(b) Address **4034 Charlotte**

16. (a) Burial (b) Date thereof **12-8-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation **Napoleon Mo**

22. If death was due to external causes, fill in the following:

(c) 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? _____

17. (a) Signature of funeral director **G W Wagner**

(b) Address **Kansas City Mo**

19. (a) 12-12-46 (b) **Staldine Kolman**
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place)

(c) Means of injury _____

23. Signature **Robert Schenck** (M. D. or other) _____
Address **520 27th Street** Date signed **12/6/46**

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

MOTHER FATHER
by aff of [unclear]
copy by aff of [unclear]

No. 4509

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

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.

40905-46

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo }
County of Jackson } ss.

State File No. _____
Local Registrar's No. 5130

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2nd day of January, 1947, before me appears Sterling Wegener, who, upon his oath, states that the original record of ^{birth}~~death~~ for Bertude C. Wegener ^{died}~~born~~ Dec. 6, 1946 in the State of Missouri, and which was filed at J. C. Mo. on 12-6, 1946 should be corrected as follows:

- Item No. 3 should read Bertude C. Wegener
Instead of Bertude J. Wegener
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Sterling Wegener, Son Relationship.
4034 Charlotte
Present Address.

Subscribed and sworn to before me this 2 day of January, 1948.

My Commission expires Oct. 21, 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

