

No. 2
 JM-5-43
 v. 5-17-39
 I X36671

FILED MAR 21 1947
 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**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Lakeside Hosp.**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: **24 hours**
(Specify whether in this community 1 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4112 Harrison**
(If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME **Edward H. Wethy**
 (b) If veteran, name war: **No**
 (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 **Ida A. Wethy**
 6. (c) Age of husband or wife if alive **51** years
 7. Birth date of deceased: **August 6, 1876**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	7	2	hr. min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business

MOTHER FATHER

12. Name **Carl Wethy**
 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Cecelia King**
 15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ida A. Wethy**
 (b) Address **4112 Harrison**

17. (a) **Burial** (b) Date thereof **March 10, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Thos. E. Quirk**
 (b) Address **4316 Troost Ave.**

19. (a) **3-8-47** (b) **Thereldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **March** day **8th**
 year **1947** hour **9³⁰** minute **23⁵** A. M.
 21. I hereby certify that I attended the deceased from **October 22, 1946** to **Mar 8, 1947**
 that I last saw him alive on **March 8, 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**
Chronic Bronchitis
 Due to **Senescence**
Chronic Bronchitis
 Other conditions (include pregnancy within 3 months of death)
 Major findings: **107**
 Of operations
 Of autopsy

Duration
3 wks
10 yrs
6 yrs

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
 Signature **Joseph A. Fogarty**
 Address **492 N. 11th St. St. Louis, Mo.** Date signed **3/18/47**

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:

Thomas E. Zwick

Licensed Embalmer No. *3775*

P. O. Address *N. E. Md*

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.