

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:
2617 Chestnut Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
(Specify whether
In this community **52 years**
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. **2617 Chestnut**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **John Henry WULSER**

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 **widowed**

6. (b) Name of husband or wife **Mary Wulser** 6. (c) Age of husband or wife if alive **5** years

7. Birth date of deceased **October 5, 1868**
(Month) (Day) (Year)

8. AGE: Years **79** Months **9** Days **14** If less than one day hr. min.

9. Birthplace **Jefferson City, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **K. C. Park Dept. Employee**

12. Name **Adolf Wulser**

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

14. Maiden name **Madeline Stampfl**

15. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Minnie A. Hutchison**

(b) Address **9518 E. 68th, K. C., Mo.**

17. (a) **Burial** (b) Date thereof **7-22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's Cemetery**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**

(b) Address **Kansas City, Missouri**

19. (a) **7-20-48** (b) **Alfredine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **19**
year **1948** hour **2:50** minute **8** M.

21. I hereby certify that I attended the deceased from **Corona** 19 **19** to **19** ;
that I last saw h **alive** on **19** ;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary sclerosis**
Due to **arteriosclerosis**

Other conditions (include pregnancy within 3 months of death) **93d**

Major findings: Of operations
Of autopsy **History of angina**

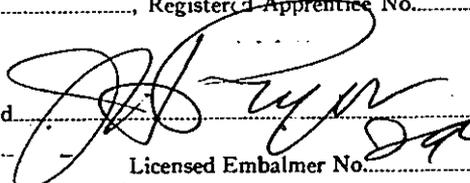
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury **5 can**
23. Signature **Alfredine Holmes** (M. D. or other)
Address **1824 8th St** Date signed **7-20-48**

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. *2429*.....

P. O. Address *ICC*.....

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.