

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37654**
5123

FILED DEC 15 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 9 years			
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital		d. STREET ADDRESS (If rural, give location) 114 West 66th Street	

2868
2860

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Weddendorf c. (Last) Weddendorf			4. DATE OF DEATH (Month) (Day) (Year) 11 26 51			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH July 3, 1902	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) V-P Mid. West. Div. Great		10b. KIND OF BUSINESS OR INDUSTRY Atlantic & Pacific		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry W. Weddendorf		13b. MOTHER'S MAIDEN NAME Matilda Henemeyer		14. NAME OF HUSBAND OR WIFE Martha L. Weddendorf	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Martha L. Weddendorf, 114 W. 66th St. KC	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bleeding buccal ulcer ANTECEDENT CAUSES Chronic heart failure Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic heart failure DUE TO (c) Hypertension			INTERVAL BETWEEN ONSET AND DEATH 3 days 6 weeks 20 yrs 5410
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Sept 1951, to 11-26, 1951, that I last saw the deceased alive on 11-26, 1951, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE B. Marcus Heller (Degree or title)		23b. ADDRESS 416 Broadway Bldg		23c. DATE SIGNED 11-27-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 11/29/51		24c. NAME OF CEMETERY OR CREMATORY Elmwood	
		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			

DATE REC'D BY LOCAL REG. 11-29-51		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.	
------------------------------------------	--	------------------------------------------------	--	---------------------------------------------------------------------------------------	--

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

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Eugene J. Hemmer

Licensed Embalmer No.

4623

P. O. Address

Lawrence, Pa.

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.