No. 300
10-48

FILED FEB 24 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 5168
Registrar's No. 602

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 23 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3316 Jefferson

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Residence within limits of a city or incorporated town? Yes ☑ No ☐
STREET ADDRESS (If rural, give location): 3316 Jefferson 3478

**3. NAME OF DECEASED** (Type or Print): a. (First) Dolores b. (Middle) Marie c. (Last) Werr

**4. DATE OF DEATH** (Month) Feb. (Day) 9 (Year) 1955

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed

**8. DATE OF BIRTH**: 7-11-1892

**9. AGE** (In years last birthday): 62
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**: —

**11. BIRTHPLACE** (City and State or Foreign Country): Kansas City Mo

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A

**13a. FATHER'S NAME**: Louis Fey

**13b. MOTHER'S MAIDEN NAME**: Frances Schumacher

**14. NAME OF HUSBAND OR WIFE**: Bruno N. Werr

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): ✓

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT'S SIGNATURE OR NAME**: Miss Loretta Werr
ADDRESS: 3316 Jeff

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension. — 12 yrs.
DUE TO (c) Nephritis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Previous Cerebral Hemorrhages — 1940, 1950.

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** YES ☐ NO ☑

**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) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June, 1940, *to* 9 Feb, 1955, *that I last saw the deceased alive on* 9 Feb, 1955, *and that death occurred at* 5:25 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Wallace H. Graham (Degree or title) D: Wallace H. Graham, M.D.

**23b. ADDRESS**: 518 Argyle Bldg.

**23c. DATE SIGNED**: 9 Feb. 55.

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: 2-11-55

**24c. NAME OF CEMETERY OR CREMATORY**: Mt Olivet

**24d. LOCATION** (City, town, or county) (State): Kansas City Mo

DATE REC'D BY LOCAL REG.: 2-9-55

REGISTRAR'S SIGNATURE: Neva Minshall

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Wagner Funeral Home KC Mo

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Alvin R. Haunsch

Licensed Embalmer No. 41

P. O. Address K C M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.