

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

27444

**1. PLACE OF DEATH**

County Jackson  
 Township Kay  
 City Kansas City

Registration District No. 399  
 Primary Registration District No. 399-1002  
 (No. Live Stock Exchange Bldg.)

File No. \_\_\_\_\_  
 Registered No. 3707  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Frank Wessen

(a) Residence. No. 3317 Wayne Ave. St. \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. da. \_\_\_\_\_  
 How long in U.S., if of foreign birth? yrs. mos. da. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
56 | 7 | 14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Live Stock  
 (b) General nature of industry, business, or establishment in which employed (or employer) Speculator  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Mo.

**PARENTS**  
 10. NAME OF FATHER Polydore Wessen  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Belgium  
 12. MAIDEN NAME OF MOTHER Don't know  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs. W. S. Logan  
 (Address) 3317 Wayne Ave.

15. FILED 9/29 27 M. M. Crowe  
 REGISTRAR  
Assn

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/29/27 19

17. Deputy Coroner  
 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Accidental Fracture of skull  
fell out of window  
186A  
194B

CONTRIBUTORY (SECONDARY) 185  
 (duration) yrs. mos. da. \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH. \_\_\_\_\_

Did an operation precede death? no DATE OF \_\_\_\_\_

Was there an autopsy? yes  
 WHAT TEST CONFIRMED DIAGNOSIS to autopsy  
 (Signed) Deputy Coroner M. D.  
9/29, 1927 (Address) Deputy Coroner

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL \_\_\_\_\_ DATE OF BURIAL 9/29/27  
Tipton, Mo.

20. UNDERTAKER The Freeman Mortuary  
 ADDRESS 42nd St  
7th Baltimore Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE FILING, WITH UNPAID INCREASE THIS IS A PERMANENT RECORD

