

REC'D MAY 9 1938

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

13760
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002-
 (c) City K. C. Mo. (d) Street No. General Hospital Registered No. 1740
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Kasemer Gress 620
 (a) Residence, No. 2102 East 27th St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary J. Gress

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 6 15

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Tinner
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

FATHER
 13. NAME Alois Gress
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Elizabeth Biehn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine

17. INFORMANT (ADDRESS) K. P. Gress
2102 E. 27th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Apr. 27, 1938

19. FUNERAL DIRECTOR (ADDRESS) Wagner Funeral Home
204 W. Linwood

20. FILED 4-25 1938 M. M. Crowe, reg.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw him _____, 19____. Death is said to have occurred on the date stated above, at 5:30 m. pm

The principal cause of death and related causes of importance were as follows:
Injury by fall
Fracture of 4th cervical vertebra
Pneumonia
 1866
 10

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Accident Date of injury 4-23-38
 Where did injury occur? K. C. Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Injury by fall
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W. H. Butler M. D.
 (Address) K. C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.....
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)