

REC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH1185
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 Kansas City (d) Street No. 1838 Kansas St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

Registered No. 1082. PRINT FULL NAME 622 Jacob J. Trezek

(a) Residence, No. 1838 Kansas, K. C., Mo. 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Elizabeth Trezek
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 10 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tailor
 9. Industry or business in which work was done, as saw mill, bank, etc. K C Custom Garment
 10. Date deceased last worked at this occupation (month and year) Co. 11. Total time (years) spent in this occupation 20 yrs.
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia 7
 FATHER 13. NAME Jacob Trezek 7
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia 7
 MOTHER 15. MAIDEN NAME Anna Surka
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia
 17. INFORMANT (ADDRESS) Mrs. Elizabeth Trezek
1838 Kansas, K.C. Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Jan. 16, 1939

19. FUNERAL DIRECTOR (NAME) QUIRK & TOBIN CO.
 (ADDRESS) Kansas City, Mo.

20. FILED Jan 16, 39 Mr. W. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 193922. I HEREBY CERTIFY, That I attended deceased from 11-12-38, 19 , to 1-13-39, 19 .I last saw him alive on 1-13-39, 19 . Death is saidto have occurred on the date stated above, at 1:30am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach
& metastasis to liver & lungs.
46

Other contributory causes of importance:

Bronchus Pneumonia

Name of operation Exploration Date of 12/15/38What test confirmed diagnosis? Biopsy Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury: _____, 19 Where did injury occur? _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) E. Ernest Johnson Jr, M. D.(Address) 730. Professional

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.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.