

Registration District No. 399

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1701 East 55th Street 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME ELIZABETH FAY TREZEK 622

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jacob Trezek 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 11, 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Columbus, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name John Fay

13. Birthplace Jackson, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Ann Lynch

15. Birthplace C. Myth, Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. B. B. Shelton

(b) Address 1701 E 55

17. (a) Dec. 13, 1939 (b) Date thereof 12-14-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Quirk & Fobin Co.

(b) Address M. M. Cromer

19. (a) Dec. 13, 1939 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri / (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1701 East 55th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12
year 1939 hour 5:45 am 12 M.

21. I hereby certify that I attended the deceased from 10/12/39
_____, 19____, to 12/12/39, 19____;
that I last saw her alive on 12/11/39, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage
Hypertension
Rhynostatic Infection
Due to _____
Due to 131

Other conditions Ch. Nephritis
(Include pregnancy within 5 months of death)

Major findings:
Of operations _____
Of autopsy no

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature E. Ernest Johnson (M. D. or other) _____
Address 730 Professional Date signed 12/13/39

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.

D. E. E. Johnson, Jr.
Prof. Blodg

12 30 4

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 Maurice Maurik

Licensed Embalmer No. 2226

P. O. Address KC, Mo.

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, above space should be left blank.