

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
3401 Wayne Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 70 Years
years, months or days)

8. (a) PRINT FULL NAME Mrs. Evelyn Hunter Krenzer

3. (b) If veteran, name war None 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 Mr. William Louis Krenzer 6. (c) Age of husband or wife if same years

7. Birth date of deceased July 20 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>7</u>	<u>20</u>	hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry, or, business _____

MOTHER FATHER { 12. Name Henry Dorsey
18. Birthplace Unknown

14. Maiden name Frances Hunter
15. Birthplace Unknown

16. (a) Informant Mrs. Weade L. Merrill
(b) Address Pleasant Hill, Missouri

17. (a) Burial (b) Date thereof 3-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director W. H. Newcomer's Son
(b) Address 1401 Brush Creek Blvd.

19. (a) Mch 11, 1940 (b) M. M. Grove
(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. 3401 Wayne Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1940 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from Feb 26, 1940 to March 9, 1940
that I last saw him alive on March 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Duration 95 D
infarction
Due to unknown
Due to _____

Other conditions Passive congestion lung
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(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?
YES

23. Signature M. M. Grove (M. D. or other) _____
Address _____ Date signed March 11, 1940

H. H. H. H. H.

11-11-11

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

C. Hervey Quisenberry

Licensed Embalmer No.

4070

P. O. Address

K. C. 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.