

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4506**

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

FILED DEC 11 1940  
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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:  
1634 Bellview  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community Unknown  
years, months or days

3. (a) PRINT FULL NAME Virgil Dresser

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

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

6. (b) Name of husband or wife Mollie Dresser 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased May 6, 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 18 If less than one day hr. min.

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

10. Usual occupation Retired-Stationary

11. Industry or business Engineer

MOTHER FATHER { 12. Name Virgil L. Dresser 9

13. Birthplace Old Orchard, Maine  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Althausen

15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Olsen  
(b) Address Chicago, Illinois

17. (a) Burial (b) Date thereof 11/27/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Quirk & Fisher Co.  
(b) Address H. C. Ing

19. (a) 11-26-40 (b) M. M. Brown  
(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")  
Street No. 1634 Bellview  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24  
year 1940 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I have definitely certified the cause of death and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Acute pulmonary congestion  
Chronic myocardial fibrils  
Coronary sclerosis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Yes

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?

While at work? \_\_\_\_\_  
(Specify type of place) (Specify means of injury)

23. Signature Walter P. ... (M. D. or other) \_\_\_\_\_  
Address K. I. Ho Date signed \_\_\_\_\_

**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. 409

P. O. Address.....

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

**If this body is not embalmed, fact should be so stated above.**