No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1349

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 309

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:
2515 East 11th. Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No.: 2515 East 11th. Street. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: GEORGE BROWNE KRETSINGER
3. (b) If veteran, name war: Spanish American
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: Mary Elizabeth Kretsinger
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: November (Month) 22 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
71	1	25	hr. min.

9. Birthplace: Black Jack (City, town, or county) Kansas / (State or foreign country)
10. Usual occupation: Bookeeper
11. Industry or business: Retired
FATHER 12. Name: William O. Kretsinger
FATHER 13. Birthplace: Hagerstown (City, town, or county) Md. / (State or foreign country)
MOTHER 14. Maiden name: Martha Evoline VanMeter
MOTHER 15. Birthplace: (City, town, or county) W. Virginia / (State or foreign country)
16. (a) Informant: Mrs. Mary E. Kretsinger
(b) Address: 2515 East 11th. K.C.Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery
18. (a) Signature of funeral director: Sheil Funeral Home
(b) Address: 6606 Independence Ave. City
19. (a) Jan 21, 1941 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1941 hour 1201 minute a.m. p.m.
21. I hereby certify that I attended the deceased from Jan 10, 1941, to Jan 18, 1941, that I last saw h. alive on Jan 10, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration
Acute Coronary Occlusion 1/18/41
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: [illegible] (M. D. or other)
Address: [illegible] Date signed 1/20/41

(Licensed Embalmer's Statement on Reverse Side)

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 myself, Registered Apprentice No. ..... working under my personal supervision.

Signed Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address K. C. Mo.

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

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