

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24285
Registrar's No. 2824

Registration District No. 99

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County. Jackson
(b) City or town. Kansas City
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 Mo. & 24 days
31 Yrs 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town. Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1012 Topping (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 31 yrs 0

3. (a) PRINT FULL NAME KURT A. DRECHSLER
3. (b) If veteran. name war. no 3. (c) Social Security No. 486-05-1026

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 27th
year 1941 hour 11 minutes 0 A. M.
21. I hereby certify that I attended the deceased from 5-3-41 19. to 7-27-41 19.
that I last saw him alive on 7-27-41 19.
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Elsa Drechsler 6. (c) Age of husband or wife if alive. 59 years
7. Birth date of deceased. Apr. 18 1887
(Month) (Day) (Year)

Immediate cause of death. Bilateral hydronephrosis, Nephritis, Uremia Chrom
Due to 131 B
Due to 131 B
Other conditions (Include pregnancy within 3 months of death) 131 B

8. AGE: Years 54 Months 4 Days 9 If less than one day hr. min.

Major findings: Of operations. See above
Of autopsy. See above
PHYSICIAN Underline the cause to which death should be charged statistically.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4
10. Usual occupation. Electrician

11. Industry or business. Herman Drechsler
12. Name Herman Drechsler
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Anna Drechsler
15. Birthplace No Record (City, town, or county) (State or foreign country) 0

16. (a) Informant Elsa Drechsler
(b) Address 1012 Topping

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? _____

17. (a) Burial (b) Date thereof July 29 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington Cem.
18. (a) Signature of funeral director. Mrs. C.L. Forster
(b) Address 918 Brooklyn
19. (a) 7-28-41 (b) M M Crowe
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (e) Means of injury _____
23. Signature Amey R. Shon (M. D. or other) 0
Address Med. Dir. K.C. Gen. Hospital K.C. Mo. Date signed _____

361 (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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Daniel C. Browning

Licensed Embalmer No. *2724*

P. O. Address *no 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, fact should be so stated above.