

FILED DEC 18 1942

Registration District No. **149**

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**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3824 East 59th Street Terrace /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 Years**
(Specify whether years, months or days)

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. **3824 East 59th Street Terrace**
(If rural, give location)
 (e) Citizen of foreign country? **----** (Yes or No)
 If yes, name country **----**

3. (a) PRINT FULL NAME **Mr. Louis M. Trissell**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **512-09-9578**

20. DATE OF DEATH: Month **December** day **2nd**
 year **1942** hour **12** minute **30 A.** M.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mrs. Alma Trissell**
 6. (c) Age of husband or wife if alive **70** years
 7. Birth date of deceased **July 27 1873**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 16** 19.42 to **Dec 2** 19.42
 that I last saw him alive on **Dec 1** 19.42
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
69 4 85 hr. min.

Immediate cause of death **Myocardial degeneration** Duration **1 1/2 yrs**

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

Due to **arteriosclerosis** **935** **2 yrs**

10. Usual occupation **Carpenter & Contractor**

Due to **Cerebral hemorrhage** **4 ma**
(Include pregnancy within 3 months of death)

11. Industry or business **Gochenour Construction Co.**

Other conditions **Cerebral hemorrhage** **4 ma**

12. Name **William B. Trissell**

Major findings: Of operations **----**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

Of autopsy **----**

14. Maiden name **Sarah Carline Harley**
(City, town, or county) (State or foreign country)

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

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

(a) Accident, suicide, or homicide (specify) **----**

16. (a) Informant **Mrs. Alma Trissell**

(b) Date of occurrence **----**

(b) Address **3824 East 59th Street Terrace**

(c) Where did injury occur? **----**
(City or town) (County) (State)

17. (a) **Burial** (b) Date thereof **Dec 4, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury

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

While at work? **----**

18. (a) Signature of funeral director **D. H. Newcomer's Sons**

23. Signature **Harry E. Schorn** (M.D. or other) **D.O.**

(b) Address **1401 Brush Creek Blvd.**

Address **2434 Kirby Bldg K.C. Mo** Date signed **12-2-42**

19. (a) **12-4-42** (b) **M. M. Cronin**
(Date received local registrar) (Registrar's signature)

Mary Bell

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 *Ernest C Shippen*

Licensed Embalmer No. *4234*

P. O. Address *15 C Ma*

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.