S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20648

FILED JUL 8 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2794

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: General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Imo 20 days (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 2

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 418 Locust
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Trevere

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race 0 white

6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 2 (Month) 28 (Day) 1866 (Year)

8. AGE: Years 77 | Months 3 | Days 22 | If less than one day hr. min.

9. Birthplace Maryland (City, town, or county) [redacted]. 1 (State or foreign country)

10. Usual occupation Labor

11. Industry or business none

FATHER
12. Name Charles Trevere
13. Birthplace (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Kegel
15. Birthplace (City, town, or county) Maryland 1 (State or foreign country)

16. (a) Informant ~~patient~~ Hosp. records
(b) Address K.C. Mo.

17. (a) Kirkwell Mo. College (Burial, cremation, or removal) **(b)** Date thereof 6/21/43 (Month) (Day) (Year)
(c) Place: burial or cremation Kirksville Mo

18. (a) Signature of funeral director Irvin Mayberry
(b) Address Sin & Olive

19. (a) 6-21-43 (Date received local registrar) **(b)** P. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1943 hour 1 minute 50 A. M.

21. I hereby certify that I attended the deceased from April 30, 1943 to June 20, 1943
that I last saw him alive on June 20, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death prostate obstructing, P.O. transurethral resection done 8.31.42	
Due to pneumonia 137b	
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 Henry R. Thom (M. D. or other)

Address Date signed

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.