. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 18 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10176

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 1019

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: 1422 Olive 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days) 6 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

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

(d) Street No. 1422 Olive
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Ellen Louise Trenery

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Apr-19 (Month) 1870 (Day) (Year)

8. AGE: Years 73 | Months 10 | Days ~~13~~ 12 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Pa 1 (State or foreign country)

10. Usual occupation at home

11. Industry or business .....

FATHER
12. Name Wm Trenery
13. Birthplace ..... (City, town, or county) Eng 4 (State or foreign country)

MOTHER
14. Maiden name Eliza Jane Martin
15. Birthplace ..... (City, town, or county) Eng land 4 (State or foreign country)

16. (a) Informant Wm Trenery
(b) Address 1422 Olive

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof Mar-4-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah

18. (a) Signature of funeral director Mr C L Foster
(b) Address 918 Brooklyn

19. (a) 3-3-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1944 hour 10 Am minute ..... M.

21. I hereby certify that I attended the deceased from July 14-43, 19..., to March 1- 1944; that I last saw h. ~~m~~ alive on March 1- 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	12 Hours
Due to Cardiac Renal disease	10 mo.
Due to Hoy pertussis	7 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy B/W

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 Owen Kruegers MD (M. D. or other)

Address 304 E 12 Date signed 3/2/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Owen Kruger

Argyle 12 - 4 pm -

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 Ralph W. Reinels

Licensed Embalmer No. 3860

P. O. Address Kansas City, 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.