

FILED NOV 4 1944

Registration District No. 100

Primary Registration District No. 3030

Registrar's No. 132

1. PLACE OF DEATH

(a) County Jefferson

(b) City or town Sedalia

(c) Name of hospital or institution:
729 Ridge Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED

(a) State Missouri (b) County Jefferson

(c) City or town Sedalia

(d) Street No. 729 Ridge Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Nicholas Treis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Aug 8 day 8 year 1944 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 19, 1944 to July 19, 1944 that I last saw him alive on July 19, 1944 and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Barbara

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

7. Birth date of deceased June 18, 1864
(Month) (Day) (Year)

Immediate cause of death: Correct diagnosis was not established. Probably: Cause of this: coronary

Due to _____

Due to _____

8. AGE: Years 80 Months 1 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name _____

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

16. (a) Informant Mrs. John Wilson

(b) Address Sedalia, Mo.

17. (a) Burial, cremation, or removal: Catholic Cemetery
(b) Date hereof: 8-6-44
(Month) (Day) (Year)

(c) Place: burial or cremation: Catholic Cemetery

18. (a) Signature of funeral director: Sink and Co.

(b) Address: Sedalia, Mo.

19. (a) Aug 4, 1944 (b) Lilly Williams
(Date received local registrar) (Registrar's signature)

Other conditions: 470
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature: Barbara Bolen (M. D. or other)

Address: Sedalia, Mo. Date signed: 8/2/44

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

50-1-30

RECEIVED

District Health Officer No. 97

District File Number _____

Date Filed 11-2-44

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 Eleonore

Licensed Embalmer No. 3403

P. O. Address Jesus 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.