DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 22 1945

Registration District No. 72

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5611

State File No. 10009

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Poast Oak Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RFD. 3 Warrensburg (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether In this community 2 Monts years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Poast Oak Rural (If outside city or town limits, write "RURAL")

(d) Street No. RFD 3 Warrensburg (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Emanuel Tresenriter

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan. 29 (Month) 1870 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	0	20	hr. min.

9. Birthplace Douglas Co. (City, town, or county) Ill (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Henry Tresenriter
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth McQuenn
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant L. T. Tresenriter

(b) Address Warrensburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1945 hour 6 minute M.

21. I hereby certify that I attended the deceased from Feb. 5, 1945, to Feb. 18, 1945, that I last saw him alive on Feb. 18, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death parenchymatous nephritis	2 weeks
Due to Arteriosclerosis	10 years
Due to senility.	
Other conditions fractured rib in Jan. 1945 (Include pregnancy within 3 months of death)	1 month

Major findings: Of operations ADDITIONAL SUPPLEMENTARY INFORMATION

Of autopsy REQUESTED

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 O H Dannon (M. D. or other)

Address Warrensburg Mo Date signed 2/19/45

1392

(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 J. Carl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.

S. No. 2B
OM—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF [illegible]ALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 168 Primary Registration District No. 5611 Registrar's No. [illegible]

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Post Oak Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of fo[illegible] (Yes or No)

If yes, name [illegible]

3. (a) PRINT FULL NAME Emanuel Tresemeter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 29 (Day) 1870 (Year)

8. AGE: Years 75 Months 0 Days 20 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29
year 1945 hour minute M.

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

Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy [illegible]

Duration

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) Accident

(b) Date of occurrence 1-13-45

(c) Where did injury occur? near his home, fell on a fence
(City or town) (County) (State)

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

While at work? Yes (e) Means of injury fell on a fence

23. Signature [illegible] (M. D. or other)

Address Warrensburg Mo Date signed 3/31/45

SUPPLEMENTARY

10009