

FILED MAY 3 1945
Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Research Hospt.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks. 1 day
(Specify whether years, months or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County clay 24
(c) City or town Liberty 2
(If outside city or town limits, write "RURAL")
(d) Street No. 10 South Fairview
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Francys Edward Dressler

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex F 5. Color or race Wht 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years 28
7. Birth date of deceased March 28 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 0 25 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Ben F. Williams

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

14. Maiden name Kate Ham

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

16. (a) Informant Russell H. Williams

(b) Address #3 Parkville Mo

17. (a) Burial (b) Date thereof April 25 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BARRY MO

18. (a) Signature of funeral director North Kansas City Mo

(b) Address 4-24-45 (c) Beralding Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1945 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 25, 1945 to Apr. 23, 1945
that I last saw her alive on April 22, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis
varicella & pneumonia
Due to complication of disease

Due to

Other conditions mesenteric thrombosis
(Include pregnancy within 3 months of death)

Major findings: Of operations None 12415'

Of autopsy As above

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 G. L. Attwood (M. D. or other)
Address Waukegan City Mo Date signed 7/27/45

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

18
3
8

MOTHER FATHER

1:66

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..... *John J. Weston*
Licensed Embalmer No. *4349*
P. O. Address..... *20 N. 4th St.*

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.